

# ACHIEVING PROFESSIONALISM

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## OPSOMMING

Die skrywer kyk na praktiese eerder as filosofiese vraagstukke betreffende professionalisme. Die individuele verpleegkundige kan nie op haar eie 'n professionele persoon wees nie — professionalisme is 'n korporatiewe konsep en is die uiteinde van die bydraes van al die beroepslede.

'n Doelstelling van verpleegonderwys is die professionalisering van die student. Enkele belangrike aspekte moet oorweeg word om dit te bereik, onder andere die beskikbaarheid van rolmodelle, die skep van geleenthede vir die ontwikkeling van die eienskappe van 'n professionele persoon in elke leersituasie en die kweek van 'n bewustheid by die student van die belang van verpleegnavorsing.

In approaching the subject of professionalism the author has chosen to focus on the practical aspects rather than the philosophical issues. In so doing an attempt is made to identify criteria which demonstrate the achievement of the essence of professionalism.

### Profession defined

*Profession* cannot be defined in terms of any single characteristic. To justify the description an occupational group must fulfil all of the following criteria (Blanchfield: 1978)

- Its practice is based on a broad foundation of theoretical knowledge which is clearly defined.
- It exists as a result of legislation that is designed for the protection of the public, but for application **by the profession itself**.
- Admission to corporate membership is based on strict standards of competence attested by examinations and assessed on experience.
- It recognises that its practice must relate to the welfare of the community as well as that of the practitioners.
- It establishes an independent association for the collective pursuit of the aims and objectives of the profession (such as the South African Nursing Association)

- It recognises its responsibility to advance and extend the body of learning on which it is based.
- It recognises the need for its members to conform to high standards of ethics and professional conduct set out in a published code with appropriate disciplinary procedures.
- It recognises its responsibility to concern itself with facilities, methods, controls and standards for educating future entrants and for enhancing the knowledge of present practitioners.

The above are all highly desirable and indeed essential. But they must be seen not as an end in themselves, but as a means towards enhancing nursing care delivery and promoting health.

### Professionalism — a corporate concept

If we study these criteria it is apparent that the achievement of professionalism in our diplomates and graduates is not the result of that which the nurse educator, manager, or researcher has conveyed but, directly or indirectly, the outcome of the contribution of the whole professional body.

In short, that which I do, or do not do, affects not only myself and those within my immediate sphere of influence and responsibility but

indirectly the profession as a whole. It also means that one cannot become nor remain a professional entirely on one's own. That is a sobering thought!

Despite this, the professional practice of the individual nurse is evidenced in **personal** accountability for all her actions. Because the achievement of professionalism is both corporate and individual it means that every professional nurse is needed for her contribution which in some aspect is unique. Some bring a wealth of clinical experience; others great learning; others exceptional organisational skills; others interpersonal skills and yet others research skills. It becomes both challenging and exciting to discover that together we are all involved in the professionalisation of our present and our future generation of nurses and yet each of us is individually responsible and accountable for our own actions or failure to act.

The affiliation of nursing colleges with universities and the introduction of the new curriculum with the integration of general, midwifery, community and psychiatric nursing, affords us the opportunity of giving expression to this in a significant way.

At this time of major change it is very important that we create a process of change which combines active participation with careful sup-



port during the sometimes lengthy periods required to implement new ways of working. We need to temper the idealism which inspires progress with realism about resources and constraints so that initial expectations do not quickly lead to disappointments. This requires the maintenance of a sensitive dialogue about ends and means among the different parties involved in this process. Support mechanisms are required, to provide a *container* for anxieties aroused during the transition without depriving grass roots participants of their authority to take action. Opportunities must be provided for people to work through the difficulties usually associated with change and relate new practices to their own experiences.

## PROFESSIONALISATION OF THE STUDENT

Attention will now be directed away from the national, collective scene to the individual student in the process of professionalisation. The overall educational objective is that professional growth should go hand in hand with personal growth and that ultimately the attainment of professionalism is evidenced in clinical nursing.

*The primary responsibility of nursing (and therefore the purpose of professionalism) is to provide care direct to the patient, client, family or community; it is concerned with maintaining, promoting and protecting health, treating the sick and providing rehabilitation. It deals with the psychosomatic and psychosocial (and spiritual) aspects of life as these affect health, illness and dying. (Hall: 1980)*

It is impossible to cover all aspects of the curriculum and organisational climate that relate to the achievement of professionalism. The points which will be discussed are those which are so important that they bear repetition and those which seem to have been neglected.

### Role model

The single factor which it is believed will have the greatest impact on the achievement of professionalism is the professional nurse who is a **role model** irrespective of the sphere in which she practises. As a nursing role model she will be someone with expert knowledge, a high level of clinical nursing and interpersonal skill and a clear grasp of



her professional attributes and objectives. This enables her to practise either alone or in a team with confidence and sensitivity. In addition to giving nursing care and teaching she would pursue nursing research in the clinical area.

The dearth of nursing role models, particularly in the large teaching hospitals, is cause for grave concern. Every effort needs to be made by nurse managers and educators to ensure that each hospital has at least one ward in which a nursing role model is given optimum conditions and staffing in order to give quality patient care and so demonstrate the *true professional* in action — a dependent, interdependent and independent practitioner.

The writer does not believe that we can be content with the general standard of care in our health services and she refers particularly to the curative services for this is where she has most experience. By this it is **not** meant that nurses are not coping admirably under extremely adverse conditions. It does mean that the learning experiences usually relate to the development of procedural or ward management skills rather than to the nursing care of a person as a whole.

Hall has urged that in *all service and educational settings there is an urgent need for emphasis to be placed on primary nursing. The functional assignment system must go. No personal service-based discipline be it law, medicine or nursing can be developed unless the professional level workers in that discipline practise in a one-to-one relationship with the individuals or groups served. The need for nurses to assess patient/client needs for nursing care, and to plan, provide and evaluate that care as an integrated whole which they document and study in terms of outcomes is basic to the development of the discipline* (Hall 1980, p.157).

Unless students and registered nurses alike experience this, faith and confidence in our profession will deteriorate. For this reason such stress is laid on the need for a teaching ward or unit led by a nurse who is a professional role model. If we do not have such wards we are, by default, stating that learning only occurs in lecture rooms!

No cost in manpower, time, effort or finance should be spared in order to achieve this. Mediocrity is slowly but surely malignant, whereas excellence enriches, revitalises and multiplies itself.



To demonstrate our commitment to clinical excellence those of us within academic institutions must ensure that we remain clinically competent and that we gain and maintain the control over our practice settings that the physicians have over theirs. This could be achieved, for example, by a professorial ward in which department staff fulfil a regular commitment and in which they have managerial authority (and responsibility).

## Qualities of a professional

The hallmarks of the professional nurse are not only seen in her academic achievement, necessary as this is, nor in her status, but instead in her capacity for:

- logical, innovative and independent thought
- deductive reasoning
- constructively questioning current practices (working in a ritualistic unthinking way is certainly the antithesis of professional practice)
- solving problems
- decision making
- adaptability
- effective communication and collaboration
- accountability
- skilled observation
- learning
- leadership as a means of enabling others to reach their objectives
- team work.

Before considering the practices of others it is only right that we should each consider our own sphere of practice and ask ourselves whether we demonstrate these qualities and whether we give to those with whom we are in contact the opportunities to do so too.

These qualities are all essential to successfully adopting the scientific approach to nursing and yet seldom appear on lists of course objectives, course content summaries or on evaluation instruments.

Nurse educators and nurse managers need to analyse the learning situations in which they are involved and actively plan how they may be utilised to create opportunities for students and staff to develop these qualities. Formal lectures accompanied by pages of renead notes do little to enhance these skills — in fact they invariably quench whatever flames may be burning with the student. We need to approach the study of a topic

such as *the normal functions of the liver* with the objective of enabling the student not only to learn the functions of the liver but through this to learn logical thought, deductive reasoning, problem solving, decision making — in short, the capacity to **apply** her knowledge at the nurse-patient interface. Knowledge itself is important, but it is in application that it becomes meaningful. Increasing the depth of knowledge without developing the skills to utilise it is a sterile exercise.

## Curriculum consistency

If professionalism is to be achieved by our diplomates and graduates then there must be consistency and congruence throughout the curriculum, for example:

- if practice is to be person centred then education and management must be too . . . ,
- if critical thought is academically valued then innovative practice must not be stifled in the system . . . ,
- if accountability is desired then a nurse must be given both authority **and** responsibility for work;
- if theory and practice are not to be divorced then evaluation procedures must be in line with course objectives, for example, the objective in history taking and physical examination is not only to come to a diagnosis but to start to establish a therapeutic relationship with the patient. If in evaluating this we look only at the end result (the diagnostic decision) and not at **how** that was arrived at we are not showing consistency in objectives and evaluation. (In such a situation the patient could well be heard to comment *they have done good to my body, but great harm to my spirit!*)

## Nursing research

It has been stated that the professional nurse who is a role model is vital to the achievement of professionalism. Another factor of similar significance is nursing research. If nursing practice is to be more than action based on rituals and myths; if it is to be professional practice, then research must be a prime directive.

A study of nursing theories and models indicates that the focus of nursing has moved from disease to patient needs and that different ways have been provided for looking at the nurse's contribution. Yet, despite this advance, the theories and models have not been put to the rigours of scientific testing and so remain at the level of speculation. The challenge is now to put ideas to the test to establish their relevance in the real world of nursing care. According to Crow, (1982 p. 111-5) this requires:

- **A framework from which the nature, extent and purpose of care can be specified.** This is necessary as care is a complex concept. In one sense it is used to make the distinction between cure and care modes of therapy and in another it specifies all that makes up the service provided by professional carers.
- **Independent criteria which can be used to judge the effectiveness of care** (i.e. measures to assess the results of care). What nursing practice research requires if it is to move towards a scientific basis, is a means whereby the nature and extent of nursing in terms of its purpose can be specified.
- **Knowledge as it relates to the different and varied core concepts underlying the practice of nursing** such as . . . pain, anxiety, cross-infection, pressure sores, respiratory distress, immobility, diet, sensory deprivation, to name but a few. Not only is there a need to understand their complex nature but also a need to examine ideas about nursing in terms of each individual issue.
- **A working definition of need.**

Theories and models can be developed from the above which are logically related to fundamental issues around which practice is actually organised. Epidemiological studies need to be carried out to ensure that these theories relate to the needs of a specific population and also to establish the extent of nursing arising out of the health care requirements for that population. Let us hope that the era when we thought the proper study of nursing was the **nurse** is now over! (Hall 1980, p. 157).



Nursing research is not the prerogative of the registered or graduate nurse but should form a part of basic training. At this level the nurse should *develop an awareness of the relevant research findings where they exist, and of the implications of these findings for the care of individual patients* (RCN 1982, p.3). She should also recognise the need for further questioning and study and the importance of these for improved standards of care.

While research methods would not necessarily be included in basic training, the nursing process, which uses a similar *problem-solving* approach must be taught and practised.

## CONCLUSION

The achievement of professionalism is not easily attained and once attained needs to be maintained and to grow throughout life if the nurse is to reach her maximum potential.

In reality, professionalism is akin to the quality of the service. It depends on creativity, the search for worthwhile values and a striving for excellence. For these to be realised nurses require the humility to recognise and to accept those areas where their practice can be im-

proved. There has to be professional growth which takes into account increased resources and changing circumstances.

The retention of professional membership is therefore in the hands of nurses themselves. The substance is there and much has been passed down by inspired and dynamic leaders. But what of the present? Will we, the *writers* of the nursing events of the 20th Century in South Africa, recognise that same striving to meet the challenges of professionalism?

The changes that are before us bear testimony to this.

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# Voltooide Navorsing/Completed Research

## DIE KEURING VAN B.CUR. STUDENTE AAN DIE RANDSE AFRIKAANSE UNIVERSITEIT

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Studente wat beplan om die B.Cur.-graad te doen aan die Randse Afrikaanse Universiteit word onderwerp aan 'n keuringsproses. Ten spyte van die keuring is die uitvalsyfer hoog. Slegs nege van die oorspronklike 23 studente wat in 1975 ingeskryf het vir die graad het gegradueer en in 1976 het slegs tien van die 31 studente die kursus voltooi.

'n Poging was aangewend om die huidige keuringsproses te evalueer, wat bestaan uit 'n keuringsglyskaal en 'n gestruktureerde onderhoud.

Die ondersoek sluit in alle B.Cur.-studente vanaf 1975 tot 1980 wat ingeskryf het. Tydens die ondersoek

is gebruik gemaak van keurings- en akademiese rekords sowel as 'n gestruktureerde onderhoud.

Die bevindings was as volg:

- studente wat val in die kategorieë 50-59 en 60-69 mag moontlik heroorweeg word vir toelating as die keuringsglyskaal in die toekoms gebruik word;
- van die studente wat val in die kategorieë 90-99 en 100+, het 'n 49,9 persent staking tydens die eerste jaar en navorsing in dié verband sal van groot waarde wees;
- vakke wat beskou word as hoofvakkombinasies, beïnvloed nie noodwendig die student se akademiese sukses gedurende die eerste jaar van studie nie;
- dit lyk of daar 'n positiewe verband bestaan tussen die gestruktureerde onderhoud en akademiese sukses.

Dit was 'n eenmalige ondersoek by een universiteit en die bevindings en resultate kan dus slegs as verteenwoordigend beskou word in soverre hierdie groep studente as verteenwoordigend van die graadstudente in die Transvaal en moontlik die Republiek van Suid-Afrika beskou kan word.