

The Changing Faces of Nursing: A Personal Story

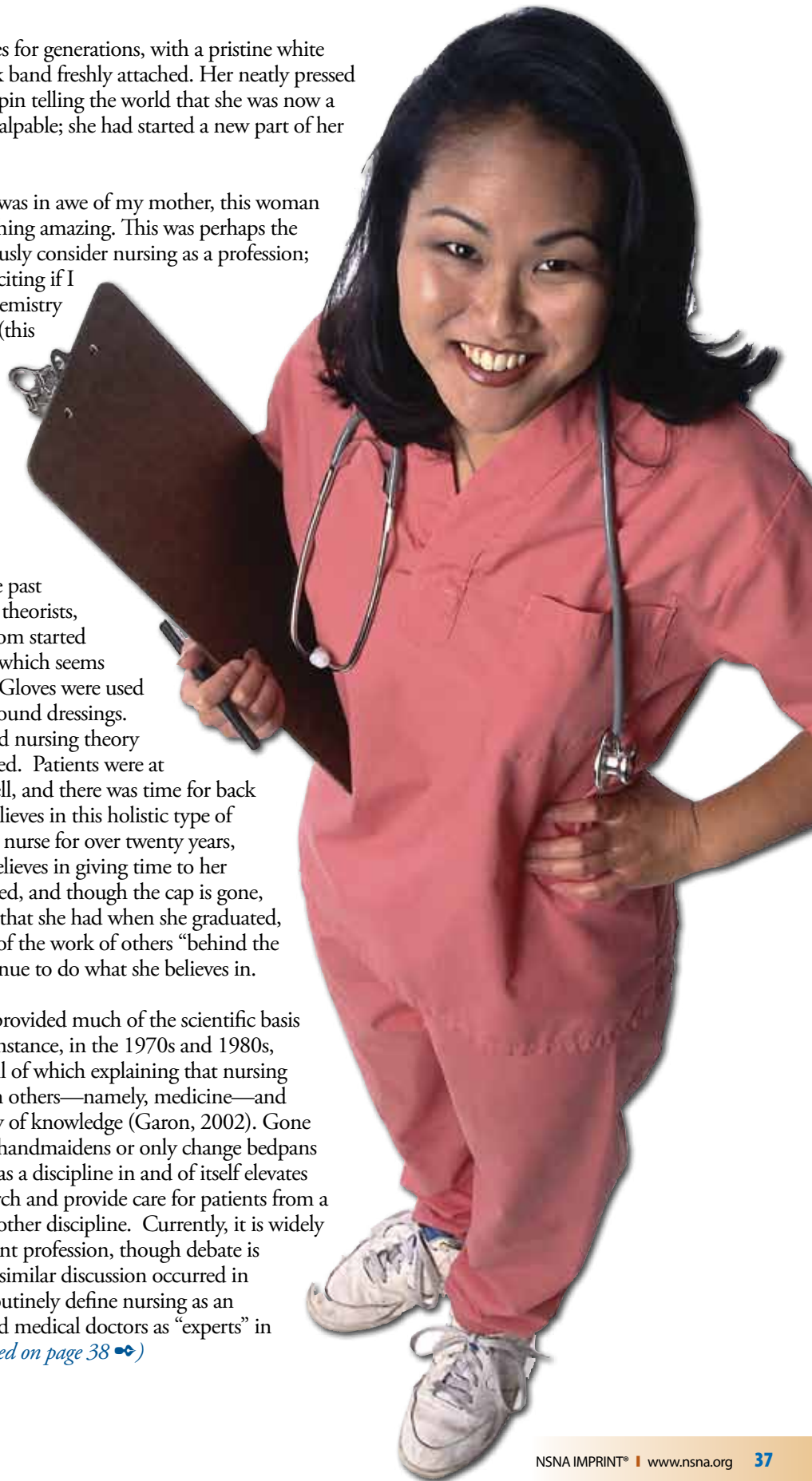
by Traci Taylor

It all started for her, as it had for nurses for generations, with a pristine white nurse's cap, starched, with a new black band freshly attached. Her neatly pressed white uniform had a new graduation pin telling the world that she was now a nurse. Her idealism and vision were palpable; she had started a new part of her life and had the diploma to prove it.

As an awkward, uncertain teenager, I was in awe of my mother, this woman who had worked so hard to do something amazing. This was perhaps the time in my life when I started to seriously consider nursing as a profession; maybe I could do something really exciting if I could wear a white uniform, pass a chemistry class, and work wherever I wanted to (this from the perspective of a fifteen year old). This wasn't a career for the faint-hearted; this was special. A few years later, I wore that white uniform (minus the cap) and knew that this was more than a science class or mere job choice — this was life!

The definition of nursing has been dramatically revised and shaped in the past 25 years, being influenced by nursing theorists, new diseases, and new technology. Mom started her nursing career at a different time, which seems archaic by some standards nowadays. Gloves were used primarily for sterile procedures and wound dressings. Syringes were glass (and reusable!), and nursing theory was only then being revised and utilized. Patients were at the hospital until they were almost well, and there was time for back massages at night. My mother still believes in this holistic type of nursing—she has been a home health nurse for over twenty years, specializing in wound care. She still believes in giving time to her patients. Her uniforms are still starched, and though the cap is gone, she has the excitement and optimism that she had when she graduated, balanced with more realism. Because of the work of others “behind the scenes” in nursing, she is able to continue to do what she believes in.

Nursing theorists' ideas and research provided much of the scientific basis for nursing as we know it today. For instance, in the 1970s and 1980s, Martha Rogers wrote several works, all of which explaining that nursing is an essential discipline, separate from others—namely, medicine—and that it is a science, with a unique body of knowledge (Garon, 2002). Gone is the thought that we are physicians' handmaidens or only change bedpans throughout the day. Treating nursing as a discipline in and of itself elevates the profession and enables us to research and provide care for patients from a perspective different than that of any other discipline. Currently, it is widely accepted that nursing is an independent profession, though debate is still common regarding that status. A similar discussion occurred in the 1980s, when the courts did not routinely define nursing as an autonomous profession and often used medical doctors as “experts” in nursing care (Segal, 1985). *(Continued on page 38 ➡)*





of *Nursing* 83-88. Of course, at that age I was more interested in “ActionStat!” and similar columns that were easier for a 16 year-old to read, as they were more exciting than information about medications.

Not only did my mother become a nurse after my parents’ divorce, my father enrolled in nursing school after he remarried. When I started college a few years later, I listed my major as “nursing,” mostly because I couldn’t think of anything better than nursing. The only alternatives that I could see were business related: how exciting could insurance and number crunching really be? So nursing became my destiny.

Parker Palmer, the great modern-day educator, speaks of the power of our mentors and that a great mentor has the capacity to cause an awakening of truth within us; that he or she can give “full voice to the gift of thought” (1998). As a person who freely gives his heart to the people he loves, my father became my mentor by simply expressing his love for nursing—this nebulous, complicated world that I was only beginning to open my eyes to in the early 1990s. He received his nursing diploma in 1990, then immediately began pursuing a bachelor’s degree at the same university I attended. We eventually graduated together in 1992, and I remember being fascinated before and after our graduation with his stories of nursing in a real hospital setting. Nursing was new to both of us and he told great stories of funny patients, nasty wounds, and physicians with delusions of grandeur. His hospital stories of patients and “real life” helped prepared me for the real thing—how to treat people, wash my hands properly, and handle sometimes difficult physicians. Our first few years of practice were during a transition period in nursing’s history; this was the time when the potential power of computers and other technology was only beginning to be recognized, and legislation affecting health economics was initiated. Dad bought a computer in 1990, at a time when they were handy but considered by many to be just an easier way to write a paper. As I read

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My mother graduated in a time when computers were not really for the average person—she still has trouble turning on her PC—and were not generally used at the bedside. In fact, a study published in 1985 showed that a Medline search for articles took an average of 5-18 minutes by an experienced librarian (Haynes, McKibbin, Walker, & Mousseau et.al, 1985). Now, I expect to find a Medline article in 5-18 seconds, depending on how fast I can type—no librarian required!

Using the Medline search recently, I found journal articles from 1985 that reported the new drugs of the day. These included glyburide and glipizide, medications that no diabetic patient is without today, and other medications such as nicotine resin complex (also known as Nicorette, Merrell Dow) and labetalol that are still used routinely (Hussar, 1985). I must confess a certain fondness for these articles - I used to read my mother’s nursing journals, and vividly remember the format

literature from that time period, I realize that there is so much we take for granted, like computerized bedside charting, the internet, and easy access to information.

Little did we know at that time the effect that technology would have on our future practice. Could any nursing student even consider completing an assignment without internet access? Our textbooks are out of date before they are printed—we update portfolios online and we track patient histories via digital records.

There are so many things that I do routinely in the course of a day that simply were not an option for my parents, or even for me in my early career, IV pumps for routine use in the hospital, knowledge of infection control techniques, wound care protocols (that I still ask my mother about), and privacy acts to enforce. There was other technology as well that transformed nursing. Shortly before my dad and I started our practice, the Infuse-A-Port was introduced; this device changed the quality of care patients could receive, decreased pain, and improved their quality of life (Speciale, 1985). And isn't that what nursing is about? Intravenous fluid pumps, which were once only available in the most high-tech hospitals, replaced the roller clamp for intravenous fluid and medication regulation, helping decrease a nurse's workload and increasing client safety. Technology such as this, combined with economic changes such as diagnosis-related group [DRG] requirements by the government, paved the way for patients to leave the hospital sooner than ever before, increasing the required level of care at home (Coleman & Smith, 1984). DRGs, the diagnosis-based payment system initiated by Medicare, caused a decreased length of stay in the hospital, resulting in a proliferation of home health services. This changed the face and focus of many nursing careers, including my father's. He started in home health in the mid-1990s, learning to interpret the new rules while learning to be a nurse in a new environment. His stories of the joys and pitfalls of home care encouraged me to eventually choose this route as well, and I became involved in caring



for people at home. I eventually chose hospice as my passion—a place in nursing where becoming part of a family is almost necessary, and life changes for all those involved.

In ten years, perhaps you, too, may be writing an article on “how it used to be.” You will laugh at the procedures you did, at how long it took to get information, and at the medications that were being produced that will be obsolete at the time of your writing. And I hope you will be able to look back on the really important things other nurses taught you; like what it means to “be with” a patient and the difference between being a real nurse and a person “who performs tasks.”

Nursing has become not just a job or even a career, but part of who I am, mostly as a result of the investment of other nurses in my life. As a nursing student yet again, I am reminded that the nursing that my parents and their contemporaries practiced laid the foundation for the type of nursing I practice today. Nursing isn't what it used to be. Or, perhaps, it is more like what my mother envisioned when she started nursing; patients are important and health care professionals can work as a team to effectively advocate for them. ∞

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