



**Registered Nurses:
A Distinctive
Health Care Profession**


ANA
AMERICAN NURSES
ASSOCIATION

Registered Nurses: A Distinctive Health Care Profession

In the first half of 2006, over 65,000 persons were newly licensed as registered nurses, joining 2.9 million other RNs in the nation's largest health care profession.

Each followed a distinct path of education to become a registered nurse and, after obtaining the RN license, increased his or her expertise as a direct health care provider in work settings ranging from acute care hospitals to home and community centers to corporate work sites.



From the basic education required of an RN to the advanced educational and clinical paths taken by more experienced nurses, the depth and breadth of the nursing profession is meeting different health care needs of the population.

What is nursing?

Florence Nightingale, in her *Notes on Nursing: What It Is and What It Is Not*, defined nursing as having “charge of the personal health of somebody ... and what nursing has to do ... is to put the patient in the best condition for nature to act upon him.” The philosophy has been restated and refined since 1859, but the essence is the same. In the words of nursing theorist Virginia Henderson, nurses help people, sick or well, to do those things needed for health or a peaceful death that people would do on their own if they had the strength, will, or knowledge. The most current definition that reflects the evolution of professional nursing is from the 2003 edition of ANA's *Nursing's Social Policy Statement*:

Nursing is the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations.

The human response...

What defines nursing and sets it apart from other health care professions, particularly medicine with which it has long been considered part and parcel? It is nurses' focus – in theory and practice – on the *response* of the individual and the family to actual or potential health problems. Nurses are educated to be attuned to the whole person, not just the unique presenting health problem. While a medical diagnosis of an illness may be fairly circumscribed, the human response to a health problem may be much more fluid and variable and may have a great effect on the individual's ability to overcome the initial medical problem. It is often said that physicians *cure*, and nurses *care*. In what some describe as a blend of physiology and psychology, nurses build on their understanding of the disease and illness process to promote the restoration and maintenance of health in their clients.

Nurses' broad-based education and holistic focus positions them as the logical network of providers on which to build a true health care system for the future. An acknowledged realization that individuals have considerable responsibility for their personal health has driven an increasing recognition that there is a professional group, whose focus is education and practice, that can facilitate individuals efforts to reach their fullest health potential. This profession is that of registered nurses.

Nursing education

To achieve the RN title, an individual must graduate from a state-approved school of nursing—either a four-year university program, a two-year associate degree program, or a three-year diploma program—and pass a state RN licensing examination called the National Council Licensure Examination for Registered Nurses (NCLEX-RN).

BSN

The four-year university-based **Bachelor of Science in Nursing** (BSN) degree provides the nursing theory, sciences, humanities, and behavioral science preparation necessary for the full scope of professional nursing responsibilities, and provides the knowledge based necessary for advanced education in specialized clinical practice, research, or primary health care. In 2005, 573 U.S. colleges and universities offer the BSN or advanced nursing degree.

- *First two years* – Most programs concentrate studies on psychology, human growth and development, biology, microbiology, organic chemistry, nutrition, and anatomy and physiology.
- *Final two years* – This is when many programs begin the focused nursing curriculum including adult acute and chronic disease; maternal/child health; pediatrics; psychiatric/mental health nursing; and community health nursing. Also, nursing theory, bioethics, management, research and statistics, health assessment, pharmacology, pathophysiology, and electives in complex nursing processes are covered.

Most often, supervised **clinical practice** is obtained during the last two years in hospitals, nursing homes, and community settings.

ADN

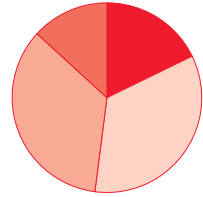
A two-year program granting an **Associate Degree in Nursing** (ADN) prepares individuals for a defined technical scope of practice. Set in the framework of general education, the clinical and classroom components prepares ADN nurses for nursing roles that require nursing theory and technical proficiency. Many RNs whose first degree is an ADN return to school during their working life to earn a bachelor's degree or higher. In 2006, many students find the ADN program to be longer than 2 years, often 3 years or more. In 2005, Associate Degree programs were 58.9% of all U.S. basic programs.

Diploma

Usually associated with a hospital, the **Diploma in Nursing** program combines classroom and clinical instruction, usually over three years. Although once a common educational route for RNs, diploma programs have diminished steadily—to 4 percent of all basic RN education programs in 2006—as nursing education has shifted from hospitals to academic institutions.

Education of RN Workforce, 2004

Diploma.....	17.5%	■
ADN.....	33.7%	■
BSN.....	34.2%	■
Masters or PhD.....	13%	■



Licensing

Upon graduation, an individual must pass the NCLEX-RN to obtain a license to practice registered nursing and use the RN title. State boards of nursing govern licensing requirements, set continuing education or competency requirements, and handle disciplinary actions against RNs. Once an RN, the nurse must practice following the requirements of the nurse practice act in the state in which they function as an RN.

So what is a licensed practical nurse?

A licensed practical nurse is not a registered nurse. Also called a licensed vocational nurse (LVN) in some states, an LPN has taken a 12- to 14-month post-high school educational course that focuses on basic nursing care. LPNs also must pass a licensing exam (the NCLEX-PN). In 2005, there were about 710,000 LPNs in the United States, with an average salary of \$36,210. The membership of the American Nurses Association consists only of registered nurses (RNs).

Where do RNs work?

As members of the nation’s largest health care profession, registered nurses practice wherever people need nursing care, including such common sites as hospitals, homes, schools, workplaces, and community centers, and uncommon areas such as children’s camps, homeless shelters, and tourist sites. Over 2.4 million of the nation’s 2.9 million RNs were employed in 2004, about one-quarter of them on a part-time basis.

About **56 percent** of nurses currently work in hospitals. Hospital unit settings include intensive care, operating/recovery room, stepdown, emergency room, labor and delivery, and outpatient units.

The median salary of a staff nurse working full-time in hospitals in 2005 was \$56,880.

Other settings where registered nurses work include:

Community/public health.....	14.9%
Ambulatory care.....	11.5%
Nursing homes.....	6.3%
Nursing education.....	2.6%

Advanced practice registered nurses

Advanced practice registered nurse (APRN) is an umbrella term given to a registered nurse who has met advanced educational and clinical practice

requirements, at a minimum of a Master's level, beyond the basic nursing education and licensing required of all RNs and who provides at least some level of direct care to patient populations. Under this umbrella fit the principal types of APRNs (numbers of APRNs based on 2004 data):

- **Nurse practitioner (NP)** – Working in clinics, nursing homes, hospitals, or private offices, more than 141,000 nurse practitioners are qualified to provide a wide range of primary and preventive health care services, prescribe medication, and diagnose and treat common minor illnesses and injuries.
- **Certified nurse-midwife (CNM)** –Almost 14,000 CNMs provide well-woman gynecological and low-risk obstetrical care. In 2002, CNMs attended more than 300,000 of U.S. births that year, in hospitals, birth centers, and homes.
- **Clinical nurse specialist (CNS)** –Working in hospitals, clinics, nursing homes, private offices, and community-based settings, some 72,000 CNSs handle a wide range of physical and mental health problems, and also work in consultation, research, education, and administration.
- **Certified registered nurse anesthetists (CRNA)** – The oldest of the advanced nursing specialties, CRNAs administer more than 65 percent of anesthetics given to patients each year. There were about 32,000 CRNAs in practice in 2004.

A move in nursing is currently underway to shift the standard for qualification to be an APRN to that of a Doctorate in Nursing Practice (DNP) by 2015. While still providing the direct care to patient populations, the shift demonstrates the comparability of the APRN with other such advanced roles, ie Doctorate in Physical Therapy, Doctorate in Pharmacy.

There are other nursing roles that are usually filled by master's prepared registered nurses as well, including nursing administration, nursing education, patient and staff education. Yet another master's level role currently being introduced into educational programs is the Clinical Nurse Leader (CNL) role. This role expects to act as a system facilitator for nursing care delivery.

Clearly, there are many opportunities for those prepared as registered nurses to advance their education and careers in a way that interests the individual and utilizes their strengths and areas of expertise.

To a healthier future

There are well over 200,000 advanced practice nurses in the United States today, helping to bring needed primary health care services to the population and paving the way for increased use of such nurses in the future. In 2006, advanced practice nurses reported an average annual salary of \$69,200.

Baccalaureate and advanced education prepares nurses for the independent clinical judgement necessary in an increasingly complex work environment. While in 1977, only 18 percent of RNs had a bachelor's degree, by 2004, over 34 percent of nurses had at least a BSN, and in 2005 nearly 35 percent of all new nursing students were enrolled in four-year programs. More than 124,000 students—almost 11 percent of them men—were enrolled in BSN programs in 2005.

The nursing process: A common thread...

The common thread uniting different types of nurses who work in varied areas is the **nursing process**—the essential core of practice for the registered nurse to deliver holistic, patient-focused care.

Assessment

An RN uses a systematic, dynamic way to collect and analyze data about a client, the first step in delivering nursing care. *Assessment* includes not only physiological data, but also psychological, sociocultural, spiritual, economic, and life-style factors as well. For example, a nurse's assessment of a hospitalized patient in pain includes not only the physical causes and manifestations of pain, but the patient's *response*—an inability to get out of bed, refusal to eat, withdrawal from family members, anger directed at hospital staff, fear, or request for more pain mediation.

Diagnosis

The nursing *diagnosis* is the nurse's clinical judgment about the client's *response* to actual or potential health conditions or needs. The diagnosis reflects not only that the patient is in pain, but that the pain *has caused* other problems such as anxiety, poor nutrition, and conflict within the family, or *has the potential* to cause complications—for example, respiratory infection is a potential hazard to an immobilized patient. The diagnosis is the basis for the nurse's care plan.

Outcomes/Planning

Based on the assessment and diagnosis, the nurse sets measurable and achievable short- and long-range *goals* for this patient that might include moving from bed to chair at least three times per day; maintaining adequate nutrition by eating smaller, more frequent meals; resolving conflict through counseling, or managing pain through adequate medication. Assessment data, diagnosis, and goals are written in the patient's *care plan* so that nurses as well as other health professionals caring for the patient have access to it.

Implementation

Nursing care is *implemented* according to the care plan, so continuity of care for the patient during hospitalization and in preparation for discharge needs to be assured. Care is documented in the patient's record.

Evaluation

Both the patient's status and the effectiveness of the nursing care must be continuously *evaluated*, and the care plan modified as needed.

Financial assistance to become a nurse

There are a variety of sources that provide scholarship or loan assistance for nursing education. A student's first stop in seeking aid should be their educational institution. Further information on financial aid is on the ANA website, www.NursingWorld.org.

The importance of belonging

The American Nurses Association, along with over 80 specialty nursing organizations, serves a vital role in advancing the role of nursing and the health care. ANA works to develop policies, set standards, advocate in government and private settings, provide education, maintain the Code of Ethics for Nurses and shape the future of the profession. It is members that allow associations to accomplish what needs to be done. Member dues provide the necessary funding and member volunteers provide the guidance and expertise to move the profession forward. Members make the difference – in the nursing profession and the health care of the nation.

References

- American Nurses Association. (2003) *Nursing's Social Policy Statement: Second Edition*. Washington, D.C.: Nursesbooks.org.
- American Nurses Association. (2004) *Nursing Scope and Standards of Practice*. Washington, D.C.: Nursesbooks.org,
- Henderson, V. (1961). *Basic Principles of Nursing Care*. London: International Council of Nurses.
- Mee, Cheryl. (2006). Nursing 2006 Salary Survey. *Nursing 2006* 36 (10): 46–51. (October.)
- National League for Nursing. (2006). *Nursing Data Review, Academic Year 2004-2005, Baccalaureate, Associate Degree, and Diploma Programs*. New York, NY: Author.
- Nightingale, F. (1859). *Notes on Nursing: What It Is and What It Is Not*. London: Harrison and Sons. (Facsimile edition, J.B. Lippincott Company. 1946.)
- U.S. Department of Health and Human Services. Health Resources and Services Administration. (2005). *The Registered Nurse Population. National Sample Survey of Registered Nurses March 2004, 2005*. Rockville, M: DHHS/HRSA
- U.S. Department of Labor. Bureau of Labor Statistics. (2005) *Occupational Employment and Wages*, May 2005. <http://www.bls.gov>



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The American Nurses Association is the only full-service professional organization representing the interests of the nation's 2.9 million Registered Nurses through its 54 constituent associations. ANA advances the nursing profession by fostering high standards of nursing practice, promoting the economic and general welfare of nurses in the workplace, projecting a positive and realistic view of nursing, and by lobbying the Congress and regulatory agencies on health care issues affecting nurses and the public.



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