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Welcome to the fifth edition of *Contexts of Nursing*. As with the previous editions, this volume introduces students to the theory, language and scholarship of nursing and healthcare. Since we prepared the first edition, our major objective has been (and remains) to provide a comprehensive coverage of key ideas underpinning the practice of contemporary nursing. This book is a collection of views and voices; consequently, the chapters are not all identical in nature. This reflects our position that it is important that students/readers engage with various (and sometimes conflicting) views to challenge and extend them. This will hold them in good stead for the future, as the discipline and profession of nursing continues to evolve, mature and develop within Australia and New Zealand and globally. Nursing knowledge and its foundational elements are explored and considered in relation to professional nursing practice and the context of healthcare.

We have explained previously why the notion of ‘contexts’ has appeal for us in conceptualising nursing knowledge as a fabric composed of theoretical threads. This ‘knowledge-as-fabric’ metaphor provides access to a number of other related ideas, such as weaving and tapestry. Several new threads have been woven into the fabric of nursing knowledge presented in this work. Selection of these topics was based on extensive consultation with nurses who found previous editions useful in undergraduate and graduate courses and in their educational development and practice.

Our emphasis on pedagogic strength and accessibility, and the use of reflective questions and exercises to stimulate critical thinking and learning, has been maintained. In this new edition a number of new strategies have been incorporated to facilitate deeper personal reflection by the learner and teacher. Placing these reflections at pertinent points within the chapters breaks up the content and allows the reader to stop and consider what has been learned so far. Stories are used by a number of contributors as case study examples to further contextualise topics for students. Chapters are structured to facilitate greater internalisation of content by the reader. A number of chapters are new, those retained have been thoroughly revised, and some have not been continued in this new edition. The dynamic nature of nursing and healthcare and related knowledge development needs led to the selection of a number of new topics including: nursing and social media, health disparities and social determinants of health, and global health and nursing, and integrated care and multidisciplinary teamwork as some examples.

The editors acknowledge Libby Houston, Tamsin Curtis, Karthikeyan Murthy, Jo Crichton, and the entire team at Elsevier, for their ongoing enthusiasm, encouragement, support and assistance in the preparation and production of this new edition.
Most of all, we thank our contributors, who have risen again to the challenge of developing engaging, scholarly and learning- and teaching-oriented work to stimulate reflection, discussion and debate.

John Daly  
Sandra Speedy  
Debra Jackson

*Sydney, July 2017*
LEARNING OBJECTIVES

By reading and reflecting on this chapter, readers will be able to:

▸ list some of the myths, legends and stereotypes that surround nursing
▸ arrive at a personal beginning definition of nursing
▸ understand their passion for nursing
▸ discuss some of the choices that a nursing degree offers for graduates
▸ describe the meaning of the term ‘professional conduct’.
Why nursing?
Nursing is a unique and wonderful career choice. It is a curious mix of technology and myth, of science and art, of reality and romance. It blends the concrete and the abstract. It combines thinking and doing, ‘being with’ and ‘doing for’. Nurses have privileged access to people’s homes and share some of the most precious and highly intimate moments in people’s lives—moments that remain hidden from most other people and professions. Nurses witness birth and death, and just about everything in between. Nurses share in people’s most difficult moments of suffering and pain, and also bear witness to times of great joy and happiness. Because of the special place in society that nurses hold, nurses enjoy a high level of community trust. Indeed, in Australia and New Zealand, nurses continually rank very highly in surveys of public confidence.

Nursing can be a career for life. A degree in nursing provides a foundation for lifelong learning. It is the entry requirement to a fulfilling career, to a range of postgraduate courses in areas as diverse as paediatrics, midwifery, cancer care, community nursing, women’s health, nurse education and nursing research. Age and experience are valued in nursing. Unlike many other professions and career choices in which people experience increasing difficulty in obtaining work as they get older, nurses can remain productively employed until retirement, and even post-retirement. The concept of expertise in nursing is an interesting one. There is debate and discussion in the literature about what comprises expertise in nursing (Hutchinson et al 2016) and we expect this debate to continue as alternate models of entry into nursing are developed. Career interruption because of family responsibilities (or other reasons) can be extremely disadvantaging in some professions, but many nurses have effectively blended very successful careers with raising families. Nursing opens many doors. Internationally, Australian and New Zealand registered nurses are well respected and are able to gain registration in many other countries.

In this opening chapter, we aim to share what captured us and created our passion and enthusiasm for the wonderful career that is nursing—the passion and enthusiasm that has sustained and carried us successfully through our nursing careers. We also describe the different types and levels of nurse in Australia and New Zealand, and aim to introduce you to some of the ideas of interest to nurses and nursing, many of which are discussed in more detail in subsequent chapters of this book.

REFLECTION
What are the main reasons you have chosen a career in nursing?

Nursing: myths, legends and stereotypes
Perhaps more than any other professional group, nursing and nurses are the subject of myth and popular belief; there are also many romantic connotations. Certain of these myths and beliefs are almost folkloric, yet they strongly influence the ways in which nurses are perceived by the general public and also in the ways that nurses see themselves. Through the media, nursing is often portrayed as a dramatic, exciting, glamorous and romantic activity, with nurses frequently represented in the role of handmaiden/helper to medical
doctors. Several of the almost legendary attributes that surround nursing are derived from myths about Florence Nightingale and her work in the Crimean War. For example, the romantic notion of the ‘angel of mercy’, the quiet, modest and self-effacing woman who, with a religious-like fervour, would tirelessly and uncomplainingly nurse the ill and injured back to full strength, and the image of the ‘lady with the lamp’ fearlessly working at the frontline of a war zone, and instilling calm, peace and tranquility where only chaos and suffering had reigned, have become enduring and mythologised popular images of the nurse (Bostridge 2008, Bridges 2006).

Because of her continued allure, much of Nightingale’s life has been reconstructed and, in the process, subject to various forms of poetic licence. An excellent example of this poetic licence is explored by Jones (1988) in her critical examination of The White Angel, a motion picture released in 1936, which purported to be a biographical representation of the life of Florence Nightingale. On its release, this film was widely acclaimed, both within and outside the nursing profession, with influential professional nursing journals promoting the movie as ‘a good educational picture’, and commending it to the nursing profession, ‘especially those concerned with information and education’ (Jones 1988:222). However, although the movie was widely accepted as factual, even by the nursing community, Jones (1988) proposes that the screenplay contained a series of key errors, which served to trivialise major events in the life of Nightingale, and reinforced the myth that her decision to become a nurse was made in the manner of a religious calling.

[J]he is dressed in white, thus fulfilling the image of the title [The White Angel], but the image does more than just show Nightingale in white. Her dress and veil are like a bridal gown and veil in style as well as color. The association of white with virginity and purity is important, as is the bridal association. At the same time she announces her decision to be a nurse, Nightingale announces to her parents that she will never marry. Because she is visually presented as a bride at the same time that she rejects marriage, the subliminal message is that her marriage is to her profession, just as a nun’s marriage is to Christ.


However, notwithstanding the influence of myth and legend, nursing does have a noble history, and there are many stories of the fortitude, bravery and courage shown by Australian and New Zealand nurses in wartime and other times of community hardship (e.g. Fealy et al 2015, Siers 2013). Nursing is endlessly fascinating to many people and this is reflected in the number of television shows, novels and movies that feature nursing and nurses as a major component. There is not the same level of interest in bank workers or bus drivers or beauty therapists, for example. Nursing is ripe with imagery. Many of the images associated with nursing are seemingly at odds with one another, yet all may be conjured up by the word ‘nurse’. Images of selflessness, kindness, compassion and dedication, hard work, long hours, submission and low pay are among the things that come to mind for some people when they think of nursing (Creina & Meadus 2008, McDonald 2012, Maher & Lindsay 2008). But though nursing has current or historical elements of all these things, there is so much more to nursing than these portray. Chapter 2 in this book provides a comprehensive overview of nursing history which extends the reader’s understanding of the rich and varied history of nursing.
Nursing and nurses are subject to various entrenched stereotypes (Fletcher 2007, Girvin 2015, Girvin et al 2016, McDonald 2012), and some of these are at least partly derived from the myth that surrounds nursing. In what has become a classic work, Kalisch et al (1983) identified some major ways that nursing and nurses were stereotyped, and though this work was undertaken in the United States more than two decades ago, it remains relevant to nurses today. The media and popular literature also tend to present nurses as having stereotyped personal characteristics such as youthfulness, femaleness, purity and naivety, altruism and idealism, compliance and diminutive stature and ‘good character’ (Fealy et al 2015, Fink 2013, Fletcher 2007). Nurses are also credited with having certain qualities and virtues that are grounded in romanticism (Mee 2006, National Nursing and Nursing Education Taskforce N3ET 2006, Summers 2010). De Vries et al (1995), in their study of images of nurses as portrayed in popular medical romances, found that nurses are almost always represented as youthful, pure, virginal, kind, petite, beautiful, subservient, sensitive, considerate, competent and able females, paired in romantic relationships with male physicians. In addition to these personal characteristics, the heroines of these stories are typically presented as Caucasian, with blonde hair and green or blue eyes. They are also portrayed and represented as being emotional and hence not to be taken seriously (Ceci 2004). Writing more recently, Miller (2015) found that the genre had expanded, and in addition to nurses, the heroines now included midwives and allied health professionals.

Darbyshire (1995) in his exploration of the depiction of Nurse Ratched in the popular film One Flew Over the Cuckoo’s Nest, discusses a counter image of nursing—the battleaxe/torturer. Unlike the nurses found in the medical romance genre, Nurse Ratched is not petite or subservient, nor is she acquiescent or particularly beautiful. Hunter (1988), in her discussion of the book upon which the film is based, proposes that the Nurse Ratched character is but one example of misogynistic literary tendencies which, she argues, frequently satirically portray the battleaxe/torturer/oppressor nurse as female, and the tender, gentle carer nurse figure as male. Hunter (1988) supports this notion by exploring the images evoked in Tolstoy’s description of the gentle hero Gerasim (The Death of Ivan Ilyich, 1886) and Whitman’s poem ‘The wound dresser’ (Leaves of Grass, 1891), and comparing them with those evoked by Kesey’s Nurse Ratched (One Flew Over the Cuckoo’s Nest, 1962). The reader may wish to explore these historical sources to gain further insights.

Though we still see nurses portrayed in various stereotypical and sometimes highly sexualised ways, which is exemplified in the myth of ‘nurse as whore’, these stereotypes coexist with some of the noble and romantic images of nursing. Failure to challenge these stereotypes is dangerous for nurses and nursing (Summers & Summers 2014) and various stereotypes give the nurse the status of a worker–handmaiden rather than a health professional (Campbell 2013, Kelly et al 2011, Stokowski 2010). Stereotypes of this nature also

**Reflection**

Consider the popular stereotypes of nurses. How many can you identify? Did any of these stereotypes influence your decision to become a nurse?
help to perpetuate an anti-intellectual bias against nursing, which is manifest in the view that good nurses are primarily practical people, rather than highly educated health professionals. Coexisting with the romantic myths and stereotypes surrounding nursing is the reality of nursing. This reality is that nurses become acquainted with the visceral and raw aspects of humanity that are usually hidden from the world, because of the illness, the incapacity, the frailty, the disability or other needs of those who are the recipients of nursing care. Nursing provides opportunities for human connectedness and growth that few other careers can offer. It is for this reason that nurses need to be aware of the danger lurking in latent meaning and rhetoric, and recognise that a reality is being created on behalf of nursing—a reality that is not necessarily theirs. It is important to recognise that the concept of ‘nurse’ is socially constructed, and that nurses may want to believe in their power and control, but the broader societal context situates nurses in a much more fragile position. Nursing exists within a healthcare system, bound by authority and power that does not generally lie with nurses. Some of the effects of this on nursing can be found later in this book in Chapter 11.

How to define nursing?
The urge to define nursing has attracted the attention of nurse scholars for a number of years. While defining a nurse is relatively simple, as you will see as you read further in this chapter, nursing itself has proved somewhat more challenging to define. Though you can probably describe what you think nursing is, the nature and breadth of activities that comprise nursing have contributed to the difficulties associated with defining nursing. Some definitions centre on the functions of a nurse, rather than offering an intrinsic definition of nursing. In a now historical piece of writing which has endured, Henderson produced such a definition of nursing:

> The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to a peaceful death) that he [sic] would perform unaided if he [sic] had the necessary strength, will or knowledge. And to do this in such a way as to help him [sic] gain independence as rapidly as possible.

(HENDERSON, 1964)

What needs to be noted in passing is the sexist language that continues to be used when referring to nursing. Language is not a neutral information-carrying vehicle, but creates meaning; this meaning changes over time, which makes language very powerful (Ehrlich et al 2014); its importance cannot be underestimated. David (2000) provides a challenging analysis of how nurses collude with oppressors by uncritically accepting outsiders’ social construction of nurses and nursing, suggesting that nurses need to socially construct themselves and their context in order to regain their identity and power. Stanley (2010) notes that a contributing factor to lateral violence is gender; the socialisation of girls and gendered health organisations in which the minority gender has the power to help to create an environment that tolerates lateral violence. Added to this, a recent EOWA (Equal Opportunity for Women in the Workplace Agency) report, ‘Gender Pay Gap Statistics’, found that the gender pay gap in the healthcare and social assistance sector increased by 4% between 2011 and 2012, due to the stereotype that these professions are viewed as women’s work, underpaid and undervalued (Australian Ageing Agenda 2012). In 2013–14,
the gender pay gap was 16.4%, and in 2014–15 it was 18%. In New Zealand, there was a gender pay gap of 9.9% in 2014, while in 2015 it was 11.8% (Statistics New Zealand 2016, Workplace Gender Equality Agency 2015).

The complexities and difficulties associated with defining nursing means that some definitions may seem cumbersome and quite ambiguous. But remember that this is more a reflection of the complex nature of nursing than any lack of clarity on behalf of those who have proffered a definition. The International Council of Nurses (ICN), a coalition of nurses’ associations that represents nurses in more than 120 countries, has captured some of the complexities in its definition:

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.

(INTERNATIONAL COUNCIL OF NURSES (ICN) N.D.)

In 2003 the Royal College of Nursing (RCN) published a definition of nursing that was the culmination of intensive research, and included extensive consultation. This was again reviewed in 2014 and confirmed that the 2003 definition remains accurate (Royal College of Nursing 2014). The RCN proffered a definition and six key characteristics that capture the essence and varied activities of nursing. The six characteristics are quite detailed and cover issues such as values, relationships and interventions. The full statements can be seen online at https://www2.rcn.org.uk/__data/assets/pdf_file/0003/604038/Defining_Nursing_Web.pdf. The RCN definition reads as follows:

The use of clinical judgement in the provision of care to enable people to improve, maintain, or recover health, to cope with health problems, and to achieve the best possible quality of life, whatever their disease or disability, until death.

(ROYAL COLLEGE OF NURSING 2014)

REFLECTION

1. Why do you think nursing has proved difficult to define?
2. How is nursing defined in your own jurisdiction? Consider this definition in relation to one from another jurisdiction (such as the RCN definition provided in this chapter) and consider any differences or similarities.

Choosing nursing

Nursing was a gender choice given the societal and historical context of the time (early 1960s and 1970s). It was certainly viewed as an appropriate career choice for females, but also offered potential for achievement, growth and development. It was also a profession that attracted people motivated by altruism and the desire to make a difference to people suffering because of illness and disadvantage. Indeed, this is still a significant motivator of people who choose nursing today. Since the 1970s nursing has made stronger claims
to a focus on health promotion, and this now has greater emphasis in construction of nursing knowledge and in conceptualisation of practice. But further to that, there was an overriding quest for understanding and caring for people. This was demonstrated in an egalitarian approach that proved to be unacceptable in nursing at the time (1963–77), when spending time with and caring about patients was viewed as naive and misguided. Such a view denied empathy and concern, and existed through the 1980s and 1990s (McVicar 2003). The concept of nurses distancing themselves from their patients has long since been superseded by recognition of the importance of the nurse–patient relationship or the ‘therapeutic alliance’ (Elvins & Green 2008, Pullen & Mathias 2010). The therapeutic relationships that occur between nurses and patients, clients and families mean that nurses have to care for their emotional wellbeing. The ‘emotional labour’ that is expended on these relationships can result in compassion fatigue if self-protective measures are not in place (Yoder 2010) and is an important concept for nurses to be fully aware of, since it can take a heavy toll on nursing performance. Readers interested in more extensive coverage of emotional labour are referred to Chapter 3 of this text.

**Nursing: what sustains us?**

One of the most sustaining things about nursing and being a nurse is the opportunity to contribute a perspective that is informed by feminism. A feminist perspective is concerned with gender, power relations, patriarchy and hegemony in society, emphasising gender as a key factor in determining perceptions of nurses and nursing (Fealy et al 2015).

Feminist theory can be used to examine power relationships in nursing and healthcare, resulting in the exposure of the ‘doctor–nurse game’ (Holyoake 2011, Olin 2012), and more recently in the ‘health administrator–nurse game’ (Gaffney et al 2012, Paynton 2009), which elaborates on how nurses can be losers in the power stakes. The issue of gender is important for nurses, and is an issue that continues to generate critical discussion in nursing, particularly in relation to the maintenance of power relations and the formation of an identity in nursing (see, for example, Center for American Nurses 2008, Tracey & Nicholl 2007).

Nurses are socialised early in their development to adopt ‘appropriate’ behaviours and beliefs about how to behave as professionals, and how to, as women (predominantly), ‘look, talk and feel’ (Hanna & Suplee 2012). Their age, gender, family and life experiences all contribute to and influence the way they perceive the power structures and dynamics of the world that is nursing work (Porter-O’Grady 2011). To be unaware of the impact of power relations and the oppression arising from these is to be locked in a cycle of relationships that serve to severely disadvantage nurses and nursing, perpetuating disunity and disempowerment (Germain & Cummings 2010).

Recognising the importance of the perceptions and experiences of nursing students with regard to nursing work, Bloom (2014) noted the consequences of overt and covert behaviours of hostility and recognised the devastating effects of these behaviours, indicating how this would impact on their future career and/or employment choices. This may have negative implications for the future of nursing (Norris 2010).

It should be noted in passing that many young women of today appear to have an uneasy relationship with feminism, and some have totally rejected its meaning for them. However, the real problem can be identified as: ‘can I be who I think I am and be feminist?’
(Andrist et al. 2006). This confusion is understandable, since young women are unclear about what feminism requires of them (and does not require of them). For example, can they still like fashion, have boyfriends, be forthright and self-determining and be who they want to be? They may think of feminism as telling them what they cannot do, rather than as a philosophy that shows them the potential for what they can do and hence what they can contribute. This suggests that young women may be developing greater clarity about this situation. For example, scholars have suggested that the emphasis on feminism has shifted to a more global activity and social perspective (Hemmings 2012).

A natural consequence of a feminist perspective was an interest in the theory and practice of feminist research, which demanded refocusing on the experiences of women, as historically much research was focused on men and done by men. This required some fortitude and commitment, because at that time there was scepticism and ridicule directed towards those who advocated its usage, particularly from researchers who promoted a ‘hard science’ perspective as the only valid and reliable form of research. However, research that is informed by feminist (and other post-modern) perspectives is now more readily accepted, generating important knowledge.

A sustaining factor within a nursing career is the opportunity to provide leadership in as many ways as possible, be it research, management or practice. Effective leadership requires particular attributes, such as high-level communication skills, awareness of one’s beliefs, values, attitudes and emotions, respect for others, commitment, passion, flexibility and adaptability (Daly et al. 2015).

Transformational leadership is dominant in the nursing literature and though quite uncritically embraced by nursing (Hutchinson & Jackson 2012), it is said that such leaders are able to create shared visions, act as role models, inspire, motivate, intellectually stimulate and mentor others (Reinhardt 2004). In many ways, ‘leadership is a process of drawing out rather than putting in’ (Kitson 2004:211). This implicitly suggests that everyone has a responsibility to exercise leadership qualities. Acknowledging that nursing has many talented participants, Kitson implores us to desist from ‘eating our young’, or cutting our leaders down (‘tall poppy syndrome’), and suggests that, as we work with patients, families, colleagues and managers, we:

... draw out our vision, our values and beliefs about nursing; our notion of service; our understanding of our own humanity and our ability to face pain, suffering, anxiety, anger and all the other human emotions that nurses face on a daily basis.

(KITSON 2004:211)

By developing these understandings, we can understand and accept ourselves, and see beyond to the dysfunctionality of organisations and workplaces in order to reform them. This requires nurse leaders to be political, astute (Marshall 2011) and acquainted with the current literature, which stresses the issues of trust and employee engagement for optimum leader performance (Clarke 2011). Clarke (2011) highlights that ‘trust based on the motives and integrity of others, and trust based on their perceived competence and ability’ are also essential characteristics (2011:1). These are all the skills that nurses at every level of the profession have, to a greater or lesser degree, which provides them with opportunities to assume leadership roles, whatever the level and location of their work.
Women have specific leadership skills that can be harnessed. The research literature suggests that, in general, successful women leaders value interconnectedness, inclusivity and relationships, whereas male leaders value competition, dominance, ambition, aggression and decisiveness (Garcia-Retamero & Lopez-Zafra 2006). In focusing on leadership in nursing, Garcia-Retamero and Lopez-Zafra identified a warm demeanour, personal and professional interest in followers, nurturing behaviour, promotion of growth in others and the use of humour and interpersonal talk as some of the characteristics that make for successful nurse leadership.

Over the years of our own nursing careers we have witnessed many changes—from changes in how students are prepared for registration as nurses, through to changes to the environment in which nurses work. Nurses work in climates of continual change, and are challenged by the demands of ageing and increasingly complex clients. One major change is the increased realisation of the importance of research; the importance of both generating and drawing on robust evidence to underpin our practice as professional nurses. It is essential that all nursing care is informed by high-quality evidence. There are many debates in the current literature about the importance of evidence (rather than tradition) informing practice (Hutchinson & Jackson 2016). In addition to these challenges, nursing is currently making attempts to address an international widespread shortage of experienced nurses, particularly specialist nurses (American Association of Colleges of Nursing 2012). Recruitment and retention issues have contributed to an ageing nursing workforce, increasing casualisation of that workforce and increasing international recruitment (Center for American Nurses 2008, Norris 2010).

Furthermore, issues including bullying, abuse and violence, professional autonomy, imposed organisational change, occupational health and safety issues and constant restructuring have been associated with difficulties in retaining a viable nursing workforce in that they contribute to a working environment that can be experienced as hostile and difficult (Hutchinson et al 2008, Rodwell & Demir 2012). The Center for American Nurses supports the ‘development of zero tolerance for abuse in the workplace’ as a strategy to remove disruptive behaviour altogether (2008:4), since such behaviours are not conducive to a culture of safety (Hutchinson & Jackson 2012). If nursing is to continue to be an attractive profession on which satisfying and rewarding careers can be built, it must embrace cultural change to ‘eliminate the effects of disruptive behaviour including lateral violence and bullying at the personal, organizational, national and international levels’ (Center for American Nurses 2008:5).

### REFLECTION

1. What has been your experience, so far, of nursing?
2. What motivated you to become a nurse?
3. What now sustains you?

### Types of nurse in Australia and New Zealand

There are a number of entry points into nursing. In Australia and New Zealand, the title ‘nurse’ refers to someone who is recognised as such by duly authorised registering authorities.
Nurses belong to a regulated professional group that is responsible to the community it serves for supplying healthcare to a constantly high standard, through the maintenance of professional standards and personal integrity. In both New Zealand and Australia, nurses are required to have completed approved educational programs through which course participants achieve pre-determined standards and competencies in order to become eligible to apply for registration or enrolment as a nurse. In Australia, courses that prepare enrolled or registered nurses must be assessed and approved by the Australian Health Practitioner Regulation Agency (AHPRA) (which supports the Nursing & Midwifery Board of Australia [NMBA]) and the Australian Nursing and Midwifery Accreditation Council (ANMAC). Recently the NMBA moved away from referring to competency standards for practice which are now known as The NMBA Standards for Practice (NMBA 2016). In Australia new enrolled nurse Standards for Practice were introduced from January 2016, and new Registered Nurse Standards for Practice from 1 June 2016. Standards for practice are subject to review at intervals to ensure high professional standards and to ensure that the public are receiving contemporary care and support. In Australia, courses that prepare graduates for registration as enrolled or registered nurses must meet AHPRA, NMBA and ANMAC standards.

In New Zealand respective courses are guided and informed by standards set by the Nursing Council of New Zealand. Similar requirements apply in the developed world and many areas of the developing world. To explore the role, function and governance of these agencies that regulate and accredit nursing and midwifery in Australia, see:

- www.ahpra.gov.au
- www.nursingmidwiferyboard.gov.au/
- www.anmac.org.au

Detailed information on NMBA Standards for Practice for ENs and RNs can be located at the NMBA website: www.nursingmidwiferyboard.gov.au

**REFLECTION**

What differences are evident between the different levels of nurse in your jurisdiction?

**ENROLLED NURSE**

The enrolled nurse (EN) is one who has completed an approved educational course leading to enrolment with nurse-registering authorities. The EN course is of 12–18 months’ duration. There are a number of career development opportunities available to ENs and these can include access to professional development courses that permit an extended role, such as medication administration. Some ENs wish to study further to complete qualifications to become registered nurses. Many universities and colleges give some recognition of prior learning to ENs, meaning that they may be able to undertake a shortened version of the Bachelor of Nursing degree.

**REGISTERED NURSE**

The term registered nurse (RN) refers to one who has undertaken and completed an approved program leading to nurse registration as a nurse, holds an appropriate qualification, has met all the requirements of registering authorities and whose name appears on a
The assistant in nursing (AIN) or nurse’s aide is a person who carries out some nursing duties under the direct supervision of an RN. Most often, the duties are associated with activities of daily living, such as hygiene, feeding and personal care. Many undergraduate students undertake employment as an AIN while they are studying their undergraduate degree at university.

There are various titles given to people fulfilling the AIN (or very similar) role, and these titles are applied in various locations. Some of the other titles are nurse’s aide, care worker or personal care assistant. AINs (and similar workers) are known as unregulated health workers, and they do not come under the auspices of nurse-registering authorities. Rather, the RN under whose supervision they are working is accountable in the event of an adverse situation occurring.

Professional regulation and conduct
Nurses are expected to be people of integrity who conduct themselves with a high level of personal honour and veracity. It is important that members of the public feel safe in
hospitals, and believe themselves to be in trustworthy and competent hands. If people do not feel safe, they would not be able to feel secure in leaving their loved ones in the care of nurses and healthcare facilities. Nursing authorities act to ensure the safety of the public by holding nurses accountable for their actions and making nurses answerable for their behaviour and any complaints that are made against them. In order to gain initial registration, nursing applicants need to demonstrate they are competent and of good character.

**Reflection**

What do you see as essential personal qualities for nurses?

Nurses are answerable to registering authorities that have the power to question nurses and suspend or remove them from the register. These same authorities can also place conditions on registration, restricting practice or, in certain circumstances, requiring a nurse to participate in educational programs. The conduct of nurses is also guided by various codes that inform professional conduct. Though these vary depending on country, they are remarkably similar in substance. This is because the values of nursing cross national and international boundaries. It is an interesting exercise to use the internet and search for the Code of Conduct that governs you in your location.

**Conclusion**

Nursing attracts people from all walks of life. Many readers of this text will be entering nursing as school leavers, but others will be mature-aged students who come to nursing with a variety of life experiences. Welcome to nursing, and congratulations on making a choice that will open many doors for you and provide you with a career for life. You may find it challenging and, possibly, not quite what you expected. But go with your passion, and believe in yourself—because you can create your life. The road you have chosen is not an easy one, but you need to believe in yourself, as we do, to succeed. We may have had a more facilitative environment, so for that we are grateful. We take this opportunity to wish you as satisfying a career in nursing as we have had.

**Recommended readings**


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