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The journey begins

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LEARNING OBJECTIVES

At the completion of this chapter, you should be able to:

- 1 reflect upon your personal motivation and passion for nursing, and formulate a 'beginning' definition of nursing (recognising that this is an ongoing process of discovery and refinement)
- 2 describe the purpose, structure and features of this book
- **3** discuss the key concepts and ideas underpinning your undergraduate nursing journey.



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Introduction

Congratulations on choosing nursing as a profession. Whatever your interests and motivations, nursing is certain to be a career that rewards, challenges and inspires you throughout life. Nursing requires the seamless blending of theoretical and technical knowledge with a way of being and behaving (moral comportment), leading to clinical wisdom or deep understanding that supports the highest possible quality of care for individuals, families and communities (Benner, Hooper-Kyriakidis & Stannard 2011; Benner et al. 2010).

The Classical Greek philosopher Socrates is said to have described education as 'the kindling of a flame, not the filling of a vessel'. While all the contributors to this book - along with the other authors, teachers, clinical facilitators and mentors you will encounter along the way - are absolutely committed to preparing the very best future custodians and leaders of this profession we love, we recognise that not all knowledge can be derived from teachers or external authorities – or indeed a textbook. Knowledge is constructed, not given, and students learn by critically thinking about, sharing, discussing, appraising, questioning, debating, reflecting and practising the concepts, ideas, skills and behaviours that are relevant to contemporary nursing practice (Gottlieb & Gottlieb 2012). Rather than offering a theoretical and technical resource focused on what we want or expect you to know or be able to do, this book is intended to be a 'journey of discovery' or to kindle your learning flame. We will present a range of nursing knowledge and perspectives that we believe are important for professional nursing practice in contemporary Australian healthcare, but encourage you to engage in your own theorising and reflections about what it really means to be and act as a nurse, with the aim of discovering and nurturing your personal passion for nursing (Benner et al. 2010; Gottlieb & Gottlieb 2012, p.4).

This opening chapter aims to set the scene for your undergraduate nursing journey. We welcome you to the wonderful, dynamic and diverse profession of nursing and encourage some initial thinking about what nursing is, why you have chosen this career and the sort of nurse you hope to be. We also outline the purpose, structure and features of this book, and introduce you to the key concepts and ideas underpinning your learning journey, many of which will be emphasised and explored further in subsequent chapters.

Welcome to nursing

It would be hard to find someone whose life has not been touched in some way by a nurse. We all interact with different professions as we navigate our way through various life events or stages, but by virtue of the diversity in their roles and the settings in which they work, nurses are one of the few professional groups to appear and reappear (sometimes in the foreground and sometimes in the background) across the entire lifespan. At the risk of sounding clichéd, nurses may be present at birth and at death, and at almost every major transition and circumstance in between – through wellness, illness, recovery and dying. Nurses have privileged access to people's lives, bearing witness to the best and the worst of times. They share in some of our most precious, intimate and transformative moments – times of great happiness and triumph, but also of great pain, suffering and loss. This privilege comes with enormous rewards, but it also carries great responsibility to uphold the trust and confidence that the community has in our profession.



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You have most likely come to this degree with an existing conception of nursing, informed by various influences and experiences. Perhaps you have friends or family members who are nurses, or you have worked alongside nurses in a related role. Perhaps you have been a direct recipient of nursing care yourself, or have witnessed a nurse's patience, humility and compassion in their care of a loved one. Maybe your views have been shaped by stereotypes, or the ways in which nurses are depicted in film, television, literature or the media. Your initial conception probably allows you to describe what you think nursing is, and explain why you are here and where you would like to take your career. In reality, though, quality learning (and practice) requires a willingness to critically examine the 'status quo' (what you think right now) as a means of informing, guiding and refining what you believe and how you act as you progress through your studies and into practice. This is not to say that your existing conception is flawed – it is just a reminder that a critical mindset through which you analyse, question and evaluate the things you learn, observe and experience is not only important for your success as a student, but also key to being a safe, effective and professionally accountable registered nurse.

REFLECTION

- Why nursing? What were the influences that motivated your decision to become a nurse?
- What are you expecting or hoping for from your career in nursing?

Defining nursing

Nurses (and the public) know, and research confirms, that skilled nursing makes a difference (Twigg et al. 2012). However, recognising and putting into words exactly what this difference is, to whom or what it is made and how it is done remain elusive (RCN 2014). A meaningful definition of nursing can inform the way nursing is perceived, practised and regulated in our rapidly changing healthcare environment, and how the profession differentiates and 'positions' itself as a key stakeholder and leader in ongoing healthcare reform. As an undergraduate student, a definition can provide a useful 'frame of reference' to guide and contextualise your ongoing learning and reflection. While the need or rationale for a definition is clear, coming up with a universally accepted definition of nursing is a complex and difficult undertaking. Simply providing a recognised definition would be contrary to the 'critical engagement' we called for earlier, so below we discuss some established definitions, with the hope of stimulating the critical thinking needed to inform your own beginning definition of nursing for the learning journey ahead.

The International Council of Nurses (ICN), a coalition of peak nursing associations from more than 100 countries, promotes a short-form definition that captures the complex nature of nursing:

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 (ICN n.d.).



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In 2003, following extensive research and consultation, the Royal College of Nursing (RCN) in the United Kingdom published the following definition of nursing, which subsequently was reviewed and reconfirmed in 2014:

Nursing is 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 (RCN 2014, p. 3).



Although concise, the RCN definition is supported by six defining characteristics, which emphasise the purpose, values and interventions of nursing, the importance of relationships and a commitment to partnerships. While other health professions share some of these characteristics, the uniqueness of nursing lies in their combination (RCN 2014). The full document, *Defining Nursing*, is well worth reading: it provides an explanation of how and why this definition was developed and a detailed overview of the defining characteristics.

The above definitions aim to capture both the essence and functions of nursing. They reflect nursing's complexity and diversity, emphasising a focus across the lifespan, in all settings, on health, not merely sickness; on the care of individuals, families, groups and communities; and on responses to actual and potential health problems, combining direct care, advocacy, health promotion, health policy and systems improvement.

Although implied, these definitions don't clearly account for the 'roles within roles' that many individual nurses need to assume as they attempt to enact nursing's core focus in different clinical contexts and settings. Along with serving as primary caregivers, nurses often fulfil a number of different roles as clinicians, technicians, advocates, translators, mediators, counsellors, teachers, researchers and leaders – to name just a few. We may develop the ability to move seamlessly between such roles, but it can distort our personal concept of what nursing really is, what it is for and how we do it. This may not only affect our sense of professional identity and purpose, but also our capacity to uphold the profession's social mandate to make clear to the public (and other health professions) the nature of the service we offer, what differentiates us from other health professions and what they can expect from a registered nurse (RCN 2014).

These definitions also fall short when it comes to addressing the eternal debates about whether nursing is more about theory or practice, the head or the heart. Although the literature is replete with sound arguments on both sides, our view is that nursing involves the seamless blending of science and art, evidence and intuition, thinking and doing. Nursing certainly requires 'scientific' knowledge and technical know-how, but also the ability to 'artfully' apply this through caring, compassionate and strengths-based practice, which emphasises person-focused care, empowerment, health promotion and collaborative partnerships that support clients, families and communities to heal, cope, develop, grow, thrive and transform (Gottlieb 2014; Palos 2014; Stein-Parbury 2018).

Nursing is a wonderful career choice, and we welcome you with open arms. We hope that this is the start of a lifelong journey that constantly surprises, enthrals, humbles and rewards you, as it has done for us. You will undoubtedly experience challenges and frustrations along the way, and there may even be moments when you want to walk away and never come back, but through it all, nursing keeps you in touch with your humanity, puts you nose to nose with great tragedy and extreme joy, and offers a limitless and fulfilling career that constantly morphs and changes (Wilson & Wilson 2011).



science of nursing a

combination of the knowledge and skills – including theories, concepts, models and frameworks – that underpin technical capability and contribute to clinical decision-making and evidence-based practice

art of nursing values, actions and qualities such as caring, compassion and effective communication, which create meaningful engagement with others, facilitate person-centred care and enhance the quality of the patient experience

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NURSING PERSPECTIVE

There is a lot of useful and sometimes lighthearted information to assist new (and more experienced) nurses to reflect on their role, identity and value.

Here is one example of some simple thoughts that go a long way towards capturing the enduring values of nurses:

Welcome to nursing

Be proud, but check your ego at the door.

Be brave, but seek strength in others.

Be open, but share with caution.

Be humble, but know your worth.

Be kind, but assertive.

Be firm, but malleable.

Be professional, but human.

Be informed, but teachable.

Be selfless, but honour self.

Be you, not who you think you should be.

Above all, do not allow the behaviour of others to cause you to lose sight of why you became a nurse. Deflect any unwelcomed or negative energy. Find your tribe of people and hold them tight. Cry when you need to. Speak up when it is necessary. And last but not least, buy a pair of sensible shoes!

Source: Boggan (2016).

About this book

This book focuses on the entire undergraduate 'journey', rather than just individual or discrete units/topics of study. Our vision was to create a 'companion guide' for your learning journey – not dissimilar to a travel guide – that integrates core information with useful tips and resources and the opinions and stories (lived experience) of actual travellers (in this case, other students, practising nurses and educators). It is likely that some material in this book will be more relevant to particular parts of the course or journey than others; however, we want you to engage deeply in all aspects of your learning and hope to stimulate and encourage thinking, reflection and debate that will guide and inform your transition from beginning student to registered nurse.

Many learning and teaching models emphasise development of the knowledge, skills and attitudes necessary for learning and practising a particular discipline. Billett (2015) extends and reframes this by describing three dimensions of knowledge required to support readiness for healthcare practice: (1) conceptual knowledge; (2) procedural knowledge; and (3) dispositional knowledge. While conceptual and procedural knowledge is obviously important for many aspects of nursing practice, Billett (2015) claims an individual's ability to draw upon and use that knowledge effectively is underpinned by their dispositional readiness. This type of readiness is premised on personal factors such as the value an individual places on particular activities, how interested they are in engaging in such activities or interactions, and the conscious effort and energy they direct towards



Video

conceptual knowledge

includes concepts, facts and propositions. This may be superficial knowledge – for example, the names of anatomical structures or certain health conditions – or 'deep understanding' of the links and associations required to comprehend and explain these things, make decisions, select actions or interventions, and evaluate outcomes (e.g. clinical reasoning).

procedural knowledge

the knowledge required to achieve goals (specific tasks and procedures) through thinking and action; may include physical actions (e.g. psychomotor skills) as well as other cognitive or strategic processes such as planning, selecting and monitoring these acts

dispositional knowledge

the attitudes, values, interests and intentions that direct and guide an individual's conscious thinking and acting, and therefore their learning



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that engagement. Thus dispositional knowledge is central to what you do and learn, and perhaps more critically, to how effective or successful you are in these goal-directed activities. For example, you may 'know' about the actions required for person-centred and interprofessional practice, but if you don't value working in such ways, you are unlikely to exercise the effort required for these interactions to be effective, or to benefit from the learning that may come from these endeavours.

In your degree, a lot of your conceptual and procedural knowledge will be developed through topical/specialist texts and units of study in areas such as bioscience, health assessment, and nursing or clinical skills. This book will sit alongside these other resources, introducing and exploring some of the foundational or universal concepts, skills and theories that are relevant to contemporary nursing practice, but with a particular focus on cultivating your dispositional knowledge or readiness for practice, which is essential for effectively translating the *knowing* of nursing to the *doing* and *being* of nursing. Your attitudes and dispositions are, of course, your own. This book will suggest, prompt and model certain ways of thinking and acting; however, the emphasis will be on the meaning *you* make of things – what things really mean to you in different situations and contexts; how this meaning is established; why particular knowledge is necessary or important; and how all this informs your ongoing learning, practice and professional identity-formation (developing your own conception of what it really means to be and act as a nurse).

The book has been divided into three sections, reflective of the undergraduate 'journey':

- beginning transitioning to university studies (thinking and acting like a university student)
- becoming forming a professional identity (thinking and acting like a student of nursing)
- being transitioning to professional practice (thinking and acting like a registered nurse).

Although the book adopts a traditional format in which content is presented in a linear or sequential manner, this isn't necessarily the way you will engage with this text. Sticking with the 'travel guide' analogy for a moment, you may sometimes back-track or take unexpected detours on your travels, and may revisit your 'favourite' places over and over again. Each time, you are likely to see different things, encounter different situations and meet different people – not to mention bringing different perspectives, intentions and expectations of your own. All of this conspires to influence and vary your actual experience – or, in the context of this book, your learning. The 'beginning' section of this book is perhaps akin to the preparatory reading you might do *before* your journey, so you may choose to work through it sequentially. For the rest, however, we fully expect (and hope) that you will move in and out, and backwards and forwards, throughout your undergraduate journey and into practice. For example, Chapter 6 presents some of the philosophical perspectives and ideas that underpin nursing practice. At first view, these concepts may seem quite difficult to grasp, but they are likely to take on more meaning and significance as you contextualise, link and apply them to new learning or experiences as your studies progress.

professional identity the acquiring and embodying of the knowledge, values, norms and ways of behaving of a professional group

Core concepts underpinning this journey (and the book)

Professional nursing identity

Learning and acculturation in nursing informs the development of your professional identity. It isn't our intention to propose a distinct or defined nursing 'identity'; rather,



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this book introduces some of the knowledge and ideas that, through critical thinking, observation, reflection and practice, will see your professional identity emerge and develop. Some of the knowledge and ideas represent shared or collective wisdom that has developed within the discipline of nursing itself, but this will inevitably be influenced and nuanced by public images and stereotypes (see Chapter 7), your emotional capacities and awareness of self and others (see Chapter 10), and your developing capability as a nurse (see Chapter 3).

'Identity' was once considered a sole, distinct and fixed concept, but it is now seen as a more dynamic conception of multiple identities that are assembled and disassembled throughout one's life in response to our interpersonal relationships and interactions with others, the different roles we adopt, and our unique interpretations of lived experiences (Cardoso, Batista & Graca 2014; Johnson et al. 2012). More specifically, identity can be described as 'a set of self-relevant meanings held as standards for the identity in question' (Burke 2006, p. 81), and thus professional identity can be defined as the negotiation of, and commitment to, the knowledge, values, beliefs and practices that are shared with others in a particular professional group (Adams et al. 2006; Moola 2017; Willetts & Clarke 2014).

In undergraduate nursing programs, professional identity is often conceptualised around the development of 'professionalism', or the knowledge, skills and attitudes necessary to assume the professional nursing role. While most courses focus on facilitating the development, and even mastery, of such knowledge and skills, the formation of professional identity is as much about *how we come to know* and the *meaning we make* of things, as what we *actually know* or *can do* – especially when viewed and understood from an ontological perspective involving one's conception of what it really means to be and act as a nurse (Adams et al. 2006; Johnson et al. 2012; Willetts & Clarke 2014).

Professional identity-formation has been conceptualised, researched and debated from a range of theoretical perspectives, many deriving from social psychology, which considers identity formation to be mainly social and relational in nature (Adams et al. 2006; Moola 2017; Willetts & Clarke 2014). In this context, acculturation or socialisation into nursing is a process of developing a sense of occupational or professional identity, including 'the development of perceptual abilities, the ability to draw on disciplinary-knowledge and skilled know-how, and a way of being and acting in practice and in the world' (Benner et al. 2010, p. 166).

A nursing identity cannot be taught or imposed. Professional socialisation is a complex process involving the internalisation and reconciliation of the knowledge, values, attitudes and norms of the professional group with the public's perception and expectations of nurses (Hoeve, Jansen & Roodbol 2014) and one's own beliefs, behaviours and self-conception (Johnson et al. 2012; Moola 2017). While this involves an ongoing process of construction and deconstruction throughout one's nursing life, the undergraduate journey from beginning student to graduate registered nurse is of particular significance. This is a formative period in which your existing conception of nurses and nursing is likely to be both affirmed and challenged by the things you learn, observe, experience and do as a student.

Critical thinking

Critical thinking in nursing is a central component of professional accountability and quality nursing care (Scheffer & Rubenfeld 2000). For nursing students, it is an essential cognitive skill that enables you to achieve better academic and clinical performance and improved outcomes for your clients (Chan 2013). It is in our very nature to think, but often our decisions and actions are based on intuition, emotions, habits or assumptions. This doesn't necessarily represent faulty thinking – and we can, of course, be well served

critical thinking selfdirected, self-disciplined and self-regulatory thinking and reasoning that informs and guides what to believe and how to act in a given situation or context



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by such thought processes in certain situations – but without the 'critical lens' highlighted earlier in this chapter, our thoughts or responses can sometimes be biased, distorted, uninformed, prejudiced or even dangerous (Paul & Elder 2014b).

Critical thinking demands that we question the status quo, or what we may usually take for granted. It is a mode of thinking and reasoning about any subject, content or problem, in which a person improves the quality of their thinking (and therefore their actions and/or the outcomes achieved) by applying the cognitive skills of analysis, interpretation, inference, explanation, evaluation and self-regulation, in order to reach an informed judgement about what to believe or do in a given situation or context (Ennis 2015; Paul & Elder 2014a, 2014b).

Chapter 8 explores the what, why and how of critical thinking in more depth. Various questions, case studies, reflections and activities are also included throughout the text to encourage your critical thinking.

REFLECTION

- As you begin this journey, what do you think about your own thinking?
- How might you begin to develop your critical thinking skills?

Reflective practice

Reflective practice in nursing involves a continuous (and intentional) cycle of examining your experiences, feelings, assumptions and actions, with the aim of developing, expanding and improving the knowledge, skills and behaviours needed for quality learning and practice (Caldwell & Grobbel 2013). Reflection is closely linked to critical thinking. While they are not identical, it is essential that reflection has a 'critical intent' – in other words, it is imperative that your reflections draw upon the critical thinking skills of questioning, analysing and evaluating your actions and assumptions. Without this critical intent, reflection can be reduced to simply 'describing' certain situations or experiences, or expressing a personal opinion – neither of which necessarily leads to any change or improvement in perspective or action. Examining these things against the views of others and what the literature and evidence has to say provides the critical perspectives needed to ensure that your decisions, actions and behaviours are better informed and contribute to transformative change.

Chapter 8 provides further details and strategies for developing your skills as a reflective learner and practitioner, including some models and frameworks that can be used to guide your reflective practice and reflective writing. Reflection questions are also included throughout the book to prompt and encourage this critical approach to your learning and development.

Self-care

The learning and practice of nursing involve complex and demanding work in constantly changing and emotionally charged situations and environments. Although rewarding, it can also be inherently stressful. As such, *caring for the caregiver* (self-care) will be emphasised and encouraged throughout this book. Specific strategies such as reflection and journaling (Chapter 8), self-compassion (Chapter 5), self-awareness, self-management and mindfulness (Chapter 10), clinical supervision (Chapter 13) and gratitude (Chapter 6) will be explored; however self-care is essentially a personal matter and everyone's approach will be different.

reflective practice an intentional process of examining your experiences, feelings, assumptions and actions, with the aim of improving the knowledge, skills and behaviours needed for quality learning and practice

self-care self-initiated activities, practices or strategies that help to reduce stress and enhance health and wellbeing



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Self-care is often described as an essential survival skill for health professionals. It refers to activities, practices and strategies with which we can engage on a regular basis to reduce stress, and to maintain and enhance our health and wellbeing (Blum 2014). Self-care is necessary and valuable in many ways, but in the context of nursing practice (and education), it is about fulfilling the need to balance personal wellness with one's professional life. By engaging in self-care, we assert our right to be well, ensure our own needs are clearly considered in our professional work, and model health-promoting behaviours to others, including helping clients/patients and colleagues to deal with their own stress (Crane & Ward 2016; Mills, Wand & Fraser 2015; Newell & MacNeil 2010).

Stress is the natural human response to any stimulus that evokes a change. It can be the catalyst for a positive response that stimulates us to perform well under pressure, but it can often have negative repercussions, affecting our ability to think clearly or act decisively, and sometimes leading to pain, anxiety, exhaustion or burnout (Newell & MacNeil 2010; Ruiz-Aranda, Extremera & Pineda-Galan 2014).

Emotional labour is one such stressor that is common in service or helping roles like nursing. Emotional labour is the process of regulating or managing emotional expressions and feelings within our work role, often in accordance with organisationally defined rules and guidelines. Given that people experience a wide range of emotions during any given work day, emotions that are felt and those that are required/expected to be expressed may not always be congruent. The mismatch between felt emotion and what an employee is required to display (e.g. feeling angry, but having to maintain a cheerful and caring attitude) can be draining, often leading to stress, burnout or emotional dissonance (a discrepancy between expressed and felt emotions), which can be detrimental to one's wellbeing, both personally and professionally (Chou, Hecker & Martin 2012).

Compassion fatigue is another stress that nurses may experience in response to constant demands to feel and express empathy in our support of clients who are suffering in some way. Therapeutic relationships are characterised as 'helping relationships' focused on the needs of the client/patient, rather than the professional, so compassion fatigue may reflect a failure to acknowledge one's own emotions and needs, or a deeper inability to 'say no' on the part of the caregiver (Kelly, Runge & Spencer 2015; Mills et al. 2015). Without effective self-care, compassion fatigue may contribute to the negative manifestations of stress and eventually lead to burnout and even the ending of one's career.

Burnout is a term used to describe what happens when a practitioner becomes increasingly 'inoperative' in the work environment. It is usually characterised by a state of heightened stress and complete physical and emotional exhaustion, which often renders the person unable to perform their professional role to the standards expected/required (Crane & Ward 2016). Classic symptoms of burnout include absenteeism, poor morale and physical illness, along with many adverse psychological consequences, including resignation, irritability, anger, depression, anxiety and paranoia. If left unrecognised or unresolved, burnout will often lead to people leaving or being forced out of a promising career they have worked hard to attain (Newell & MacNeil 2010). Again, self-care strategies that help you to manage professional and personal stress are essential for preventing or reversing the effects of burnout.

As noted earlier, everyone's approach to self-care may be different. Your personal strategies might involve things you do at work or outside of work. From a broad perspective, self-care endeavours may fall into a number of core categories (Blum 2014; Crane & Ward 2016; University of Buffalo 2016):

• *physical strategies* – activities that help you to stay fit, healthy and energised so you can effectively meet your work and personal commitments



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 - emotional and psychological strategies activities that promote self-awareness and allow you to feel clear-headed and able to intellectually engage with professional and personal challenges, and to safely experience and express a full range of emotions
 - social and relational strategies activities that allow you to establish, maintain and nurture healthy, supportive and diverse relationships, both within and outside the



- spiritual strategies activities that involve having a sense of perspective or belief that extends beyond day-to-day life
- workplace and professional strategies activities that help you to consistently work to the professional standards expected, and create a supportive work environment.

A word on language and style

This book is a collection of different perspectives and voices. While each contributor shares a common intent to stimulate, guide and shape your learning, some perspectives may represent contentious or conflicting views. Our editorial decision regarding such content was to leave it unchanged, recognising that different or conflicting beliefs, ideas and approaches are in fact an accurate and realistic reflection of the world in which we live and work. We believe that critical thinking and debate about these different views will contribute to deeper learning and improved readiness for your future practice. A similar decision has been taken regarding language/terminology. For example, some contributors have chosen to use the term 'patient', while others have preferred 'person', 'client' or 'consumer' (some may have used different terms interchangeably, and some might have used an individual term as being 'inclusive' of clients, families and significant others). This again reflects what you will commonly hear and see in healthcare, and we hope that the varied use in this text will stimulate some reflection about the terminology you would like to use in your own practice.

REFLECTION

What's in a name? How would you like to refer to or describe the people you care for as a nurse?