

# PART 1

## Beginning

## 1

# The journey begins

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## LEARNING OBJECTIVES

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

- 1 Reflect on your personal motivation and passion for nursing, and formulate a 'beginning' definition of nursing, recognising that this is a continuing process of discovery and refinement.
- 2 Describe the purpose, structure and features of this book.
- 3 Discuss the key concepts and ideas that underpin your undergraduate nursing journey.

## 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’. 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. However, 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 present a range of nursing knowledge and perspectives that we believe are important for professional nursing practice in contemporary Australian health care. We 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 own 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 are emphasised and explored further in subsequent chapters.

## Welcome to nursing

It would be difficult 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 nursing roles and the settings in which they work, nursing is one of the few professions that appears and reappears (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 and carries great responsibility to uphold the trust and confidence that the community has in our profession.

You have most likely come to this program of study 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 enables you to describe what you think nursing is and to 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; rather, 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 1.1

- 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 evidence confirms, that skilled nursing makes a difference. However, recognising and putting into words exactly what this difference is, and to whom or how it is done, remains elusive (Royal College of Nursing (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 continuing healthcare reform. As an undergraduate student, a definition can provide a useful frame of reference to guide and contextualise your learning and reflection. While the need or rationale for a definition may be 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, to stimulate 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.).

In 2003, following extensive research and consultation, the Royal College of Nursing (RCN) in the United Kingdom published the following definition, which was subsequently 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 only 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 do not 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



Videos: Campaigns to promote nursing

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 client experience

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 2017; 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 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 return, but through it all nursing keeps you in touch with your humanity through experiences of tragedy and extreme joy, and offers a limitless and fulfilling career that is everchanging (Wilson & Wilson 2011).

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).



Video: Advice for graduate nurses

About this book

This book focuses on the entire undergraduate ‘journey’, rather than just individual or discrete units or 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 are 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 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 do not 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 program of study, much of your conceptual and procedural knowledge will be developed through topical or 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 suggests, prompts and models certain ways of thinking and acting; however, the emphasis should 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 learning, practice and formation of your professional identity (developing your own conception of what it really means to be and act as a nurse).

The book is 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 is not necessarily the way you will engage with this text.

**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) (Billett 2015).

**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 (Billett 2015)

**dispositional knowledge** the attitudes, values, interests and intentions that direct and guide an individual's conscious thinking and acting, and therefore their learning (Billett 2015)



Sticking with the ‘travel guide’ analogy for a moment, you may sometimes backtrack 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 7 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.

## Core concepts underpinning this journey (and the book)

### Professional nursing identity

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

Learning and acculturation in nursing informs the development of your **professional identity**. It is not our intention to propose a distinct or defined nursing ‘identity’; rather, 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 8), your emotional capacities and awareness of self and others (see Chapter 10), and your developing capability as a nurse (see Chapter 2).

‘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 (Moola 2017; Willetts & Clarke 2014).

In undergraduate nursing programs, professional identity is often conceptualised in relation to 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 (Johnson et al. 2012; Maginnis 2018; Willetts & Clarke 2014).



The formation of a professional identity 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 (Maginnis 2018; 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 (ten Hoeve, Jansen & Roodbol 2014) and one’s own beliefs, behaviours and self-conception (Maginnis 2018; Moola 2017). While this involves a process of construction and deconstruction throughout one’s nursing life, the undergraduate journey from beginning student to graduate and 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 (Wong & Kowitlawakul 2020). 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 2019). It is in our very nature to think but often our decisions and actions are based on intuition, emotions, habits or assumptions. This does not necessarily represent faulty thinking – and we can, of course, be well served by such thought processes in certain situations. However, 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 2019).

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 2019).

Chapter 9 explores the ‘what, why and how’ of critical thinking in greater depth. Various questions, case studies, reflections and activities are also included throughout the text to encourage your critical thinking.

**critical thinking** self-directed, 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

REFLECTION 1.2

- 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** 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

**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; Sadlon 2018). 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 to expressing a personal opinion – neither of which necessarily leads to change or improvement in perspective or action. Examining these things against the views of others and what the literature and evidence have to say provides the critical perspectives needed to ensure that your decisions, actions and behaviours are better informed and contribute to transformative change.

Chapter 9 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

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

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**) is emphasised and encouraged throughout this book. Specific strategies such as reflection and journalling (Chapter 9), self-compassion (Chapter 7), self-awareness, self-management and mindfulness (Chapter 10), clinical supervision (Chapter 14) and gratitude (Chapter 7) are explored; however self-care is essentially a personal matter and everyone’s approach is likely to be different.

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 and colleagues to deal with their own stress (Crane & Ward 2016). Self-care has become even more vital for health professionals in recent times as the world has witnessed a significant disruption to people’s lives as a result of the COVID-19 pandemic (Wallace et al. 2020). The COVID-19 pandemic has presented the world with many challenges, including emotional, behavioural and psychological conditions, so preventative and supportive measures are needed for many vulnerable groups (Pedrosa et al. 2020; Horesh & Brown 2020).