

# DOWNLOAD PDF PURPOSE : GUIDING ENVIRONMENTALLY SAFE NURSING CARE

## Chapter 1 : - NLM Catalog Result

*PURPOSE: Nursing as a health care profession and environmental health as a public health discipline share many of the same roots. GUIDING ENVIRONMENTALLY SAFE.*

Guidelines International Guidelines for Home Health Nursing The International Guidelines for Home Health Nursing Practice are guiding principles for nurses who aspire to provide excellent care to patients in their homes. Developed by home health nurses for home health nurses, their purpose is to provide guidance to nurses around the globe who seek to develop their professional home healthcare practice and performance. Although home health care is different in various countries subject to differing resources, regulations and cultural expectations, these guidelines outline steps professional home health nurses can take to provide the best care possible to home health patients. They are based on evidence and consensus about the elements of excellent home health nursing practice and performance. Home health nurses everywhere are encouraged to use and comment upon these guidelines. Updates are anticipated based on developments in practice and comments from nurses about the needs in their countries. Contact us for questions, concerns or recommendations for future updates. Examples of other factors include insufficient funds for medications and symptoms that are bothersome to the patient, such as trouble sleeping. Goal Identification The home health nurse identifies desired care goals individualized to the patient. Interpretative Statements Once problems and needs are identified, the nurse discusses them with the patient, family, and other caregivers. Planning Guideline The home health nurse develops a plan that prescribes strategies and interventions to attain the desired goals. Strategies may include ongoing assessments, teaching interventions, administering medications and treatments, coordinating care and transitions of care, and other interventions. Implementation The home health nurse implements the individualized patient plan of care. Interpretative Statements While implementing the plan, the nurse demonstrates kind and caring behaviors, facilitates patient engagement and self-management, promotes patient safety e. Evaluation requires re-assessment and if the plan is not working, the nurse needs to revise the plan with new strategies that are more likely to be effective. Ethics The home health nurse practices ethically. Nurses must be honest, enabling patients and others to trust what they say and document. Nurses must adhere to professional and governmental practice regulations. Education Guideline The home health nurse seeks the knowledge and skills needed for providing excellent care to patients in their homes. Although the agencies that employ home health nurses have an obligation to provide education that promotes effective home health nursing care, nurses must be committed to lifelong and self-initiated learning. Thus, home health nurses need to determine their educational needs and seek formal and informal opportunities to develop their knowledge and skills so they can provide excellent home health nursing services. Interpretative Statements Nursing care is grounded in science, evidence and research to the extent possible. Nurses have the obligation of staying up-to-date with the latest evidence and guidelines that enhance the services that nurses to provide to home health patients. Home health agencies and government programs should support the dissemination of research and evidence-based guidelines to the nurses who provide home care. Quality of Practice Guideline The home health nurse contributes to quality nursing practice. Interpretative Statements Home health nurses must be committed to providing quality nursing services. Quality care is safe, effective, equitable, patient-centered, cost-efficient, and timely. Home health nurses should help develop and implement policies and procedures that promote quality care. For instance, to promote safe care, home health nurses can develop and implement infection prevention policies that protect patients from infections through rigorous infection control procedures. To promote effective care, nurses might advocate for electronic health records that facilitate the nursing process, standardized terminologies, and communication across settings. Home health nurses can advocate for and participate in continuous quality improvement programs. Communication The home health nurse communicates effectively. Interpretative Statements Home health nurses communicate effectively with patients, families, caregivers, physicians,

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interprofessional care team members, and others as needed to promote effective patient care. They communicate effectively orally, in writing or electronically, while always protecting patient privacy and confidentiality. Effective communication skills are crucial to patient assessment, teaching, case management, care coordination and documentation. Leadership The home health nurse demonstrates leadership. The home health nurse leads by example, such as when the nurse collaborates, solves problems, manages conflicts, promotes quality care, advocates for the patient and in many other ways. Interpretative Statements One of the hallmarks of a profession is that professionals determine the scope, standards and guidelines under which they practice. Thus, home health nurses are responsible for their own practice and may need to actively advocate for public policy changes that allow home health nurses to exercise their professionalism. Home health nurses are accountable to their professional practice standards, such as the guidelines identified in this document, or other documents they choose to guide their practice. Home health nurses are also accountable to any governmental statutes or regulations that govern their practice. When nurses find they are not meeting their professional standards or other regulations, nurses have the responsibility to resolve the deficit. Resource Utilization Guideline The home health nurse uses resources to plan and provide safe, effective and financially responsible nursing services. Interpretative Statements In developing their patient care plans, nurses need to be fiscally responsible. The nurse focuses on the right care, at the right time, with the right provider, in the right place, at the right cost. The goal is the most safe and effective care for the least cost. Environmental Health The home health nurse practices in an environmentally safe and healthy manner. New technologies and research are needed to determine better ways to protect the environment we all share. In the meantime, the best way to dispose of these products varies depending on the geographic locale and the resources available for disposing of medical wastes. Home health nurses must adhere to any local regulations that govern medical waste disposal, while determining environmentally-friendly ways, that pose the least risk of spreading infection or causing harm, for their disposal. Cultural Competence Guideline The home health nurse practices in a manner that is congruent with cultural and inclusion principles. Interpretative Statements Home health nurses treat all people equitably, regardless of race, ethnicity, religion, socioeconomic status, sexual orientation, gender identification or any other diversity issue that tends to marginalize people.

## Chapter 2 : Jean Watson's Theory of Nursing

*Safe patient handling, as a philosophy and approach, has become increasingly accepted by health care organizations and employers, labor groups, and regulatory agencies.*

Army Retired , and health care consultant; e-mail: Ideally, evidence of the effect of care models on quality and patient safety would also be a major factor in decisionmaking. Historically, four traditional care models have dominated the organization of inpatient nursing care. Functional and team nursing are task-oriented and use a mix of nursing personnel; total patient care and primary nursing are patient-oriented and rely on registered nurses RNs to deliver care. Models have been examined for medical housestaff, 6 pharmacy services, 7 and social workers. Neither the traditional nor the nontraditional inpatient nursing care models have been evaluated rigorously for their effects on patient safety. Of these, some reported pilot data, 6 , 7 , 13 , 24 , 41 , 42 some were quality-improvement projects, 14 , 17 , 43 and others used qualitative methods. However, these qualitative studies illuminate important aspects of care models not evident in quantitative investigations. For example, Ingersoll 32 and Redman and Jones 36 were among the first investigators to assess the effects of patient-centered care models on nurse managers. The data from both of these studies expose the pressure and role confusion experienced by nurse managers. Subsequently, a quantitative investigation found nurse managers experienced a high level of emotional exhaustion, a key component of burnout. The remaining seven studies used Level 3 designs. In two of these studies, large databases were used to examine different care models for home-based long-term care 15 and mental health services. For each of these five investigations, data were reported from only one hospital. Most often, measurements were done at three points in time—pre-implementation, and at 6 and 12 months after the model was introduced. The first pertains to studies of inpatient nursing care models. Statistically discernible differences were rarely evident, and when they were, there was no clear pattern to guide practice. This is similar to results from the study by Greenberg and colleagues 21 in which most positive effects of change lasted only one year. Despite the growing number of work redesign studies, the findings are too disparate even among those with stronger designs to offer a clear direction about practice changes to improve patient safety. The second cluster of care model studies consists of three investigations that were conducted by other disciplines. The improved ability to detect statistical differences in these models may derive from their large sample sizes, their statistical techniques, or their use of different outcomes. The systematic review and meta-analysis of disease management programs for individuals with depression offers the strongest evidence for guiding care delivery. Research Implications We actually know very little about the relationship between care models and patient safety. Randomized controlled trials RCTs might contribute evidence that would help investigators, administrators, and policy makers sort through the confusion. RCTs would be particularly difficult to conduct, however, given the need to have longitudinal data. The rapidly changing health care environment is not conducive to such endeavors. The most glaring need relates to clarifying the work that needs to be done for patients and then determining which clinicians are best suited to provide it. Looking only at the work of nurses, which has dominated studies of care models in acute care settings, fails to consider nonnursing staff who are critical to the patient care mission. We also know very little about care models that promote patient safety in outpatient settings, home care, or long-term care. These are areas that remain to be explored. Conclusion Care delivery models range from traditional forms, such as team and primary nursing, to emerging models. Even models with the same name may be operationalized in very different ways. The rationale for selecting different care models ranges from economic considerations to the availability of staff. What is glaring in its absence, however, is the limited research related to care models. Even more sparse is research that examines the relationship between models of care and patient safety. Ideally, future studies will not only fill this void, but the models tested will be developed based on a comprehensive view of patient needs, taking the full complement of individuals required to render quality care into account. Search terms were identified with the guidance of a reference librarian. The abstracts for each of the citations

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were reviewed. From this assessment it was determined that 82 of the articles were sufficiently focused on nursing or patient care models and should be considered further. For example, articles about medical management models were not used in this review. Additionally, a number of papers addressed topics with no discernible connection to care models e. The 82 articles were located and carefully read. As a result, 31 additional papers were omitted from the actual analysis. Reasons for these omissions included the lack of sufficient detail about the study, duplicate publications, and studies of advanced practice nurses. This left 51 articles for consideration in this review. Acknowledgments Tremendous gratitude is expressed to the staff of the Armed Forces Medical Library for their considerable support of this work. They conducted the database searches and assisted in acquiring numerous papers considered in this review. Nursing organizational practice and its relationship with other features of ward organization and job satisfaction. Tiedeman ME, Lookinland S. Traditional models of care delivery. What have we learned? Nursing work redesign in response to managed care. Nontraditional models of care delivery. Have they solved the problems? Introduction of a hour work shift model for housestaff in the Medical ICU. Transformation of a pharmacy department: Jt Comm J Qual Improv. Development of the workload analysis scale WAS for the assessment and rehabilitation services of Ballarat Health Services. Soc Work Health Care. Patient care staffing patterns and roles in community-based family practices J Fam Prac [http:](http://) Dimensions of the staff nurse role in ambulatory care: Prediction costs of Veterans Affairs health care in Gulf War veterans with medically unexplained physical symptoms. The use of unlicensed assistive personnel and selected outcome indications. The design and implementation of a restorative care model for home care. Comparing consumer-directed and agency models for providing supportive services at home. PMC ] [ PubMed: The quality of nursing home care: Using outcomes and benchmarks for evidence-based practice. Implementation of best practice models. Measuring quality of care with an inpatient elderly population. The geriatric resource nurse model. From profession-based leadership to service line management in the Veterans Health Administration. Disease management programs for depression. A systematic review and meta-analysis of randomized controlled trials. Using continuous quality improvement to improve diabetes care in populations: A randomized trial of telenursing to reduce hospitalization for heart failure: Home Health Care Serv Q. Chapter 39 Nurse staffing, models of care delivery, and interventions. Making health care safer: Agency for Healthcare Research and Quality; Adams A, Bond S. Clinical specialty and organizational features of acute hospital wards. Satisfaction with a new model of professional practice in critical care. Crit Care Nurs Q. Can J Nurs Leadersh. Hall LM, Doran D. Nurse staffing, care delivery model, and patient care quality. J Nurs Care Qual. Differences in professional practice model outcomes: The impact of practice setting. Organizational trust and empowerment in restructured healthcare settings. Effects on staff nurse commitment. Organization of nursing care and stressful work characteristics. Changes related to care delivery patterns. Effects of implementing patient-centered care models on nurse and non-nurse managers. Models of care using unlicensed assistive personnel. Evaluation of a hospital work redesign. Evaluation of a partnership model of care delivery involving registered nurses and unlicensed assistive personnel. An aging population with chronic disease compels new delivery systems focused on new structures and practices.

### Chapter 3 : Nursing Standards

*% of nurses see coworkers taking shortcuts that may endanger patient care, and 48% of nurses believe coworkers show poor clinical judgment. However, fewer than 10% of nurses, physicians, and other clinicians directly confront colleagues about performance concerns.*

Since the time of Florence Nightingale, however, the goal of nursing has remained unchanged, namely to provide a safe and caring environment that promotes patient health and well being. Effective use of an interpersonal tool, such as advocacy, enhances the care-giving environment. Nightingale used advocacy early and often in the development of modern nursing. By reading her many letters and publications that have survived, it is possible to identify her professional goals and techniques. Specifically, Nightingale valued egalitarian human rights and developed leadership principles and practices that provide useful advocacy techniques for nurses practicing in the 21st century. In this article we will review the accomplishments of Florence Nightingale , discuss advocacy in nursing and show how Nightingale used advocacy through promoting both egalitarian human rights and leadership activities. Florence Nightingale, advocacy, nursing, profession Nursing has never been simple. Early care stressors included exposure to the elements and a lack of knowledge as to how to treat serious injuries or diseases. Through ensuing generations, environmental conditions have improved and science has provided effective treatment pathways. However, other complexities, including societal acceptance of the profession, gender discrimination, and educational and regulatory disarray, have created a multifaceted and complicated backdrop against which nurses continue to provide the most basic of human interventions: One of the most effective tools that [Nightingale]employed was advocacy, both for individuals and for the nursing collective. This woman, Florence Nightingale, utilized intellect, personal motivation, available opportunities, and the strength of her own persona to create a permanent professional transformation Bostridge, ; Cook, ; Dossey, One of the most effective tools that she employed was advocacy, both for individuals and for the nursing collective. In this article we will review the accomplishments of Florence Nightingale, discuss advocacy in nursing, and show how Nightingale advocated both through promoting egalitarian human rights and through her leadership activities. Who Was Florence Nightingale? On May 12, , Florence Nightingale was born as the second of two daughters to English parents. As a young woman, she displayed exceptional intellect, learning multiple languages and being particularly capable in mathematics Bostridge, Nightingale seemed to be most comfortable in the solitary activities of reading, writing in her journals, and attempting to discern purpose in her life. By the age of 17 she had discerned that she had a Christian duty to serve humankind. By the age of 25 she had identified nursing as the means to fulfill this mandate Gill, When she was 30 years old, she was permitted two brief periods of instruction in nursing at Kasiserswerth, a Protestant institution in Germany Bostridge, ; Nightingale, This experience helped her to understand the essential components of basic nursing, hospital design, and personnel administration. In Nightingale was offered the superintendency of a small hospital on Harley Street in central London Verney, As Nightingale was preparing to leave the Harley Street position, she was appointed by the Victorian government to lead a group of thirty-eight women to Ottoman, Turkey, to provide nursing care for British soldiers fighting the Crimean War Bostridge, ; Woodham-Smith, Her administrative skills allowed her to negotiate the male worlds of both the military and medicine. She successfully solved the issues of supply purveyance, resolved interpersonal squabbles between nursing factions, and designed care modalities in the face of massive overcrowding, incompetence, uncaring physicians, and a military structure that was outdated and inept. On her return from the Crimea, Nightingale worked tirelessly to develop nursing as an essential and educated component of healthcare. Her establishment of the Nightingale School in London in , and the distribution of trained nurses abroad established the basis for nursing education worldwide Baly, ; Godden, Through the support of Queen Victoria and Prince Albert she was able to design improvements for the British military and establish public health standards in India Dossey, ; Mowbray, Additionally, her lifetime of work

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and her passion for improving healthcare provided nursing with a foundational philosophy for practice. Selander, a. Nightingale remained actively concerned with the development and behavior of the Nightingale nurses educated at the Nightingale School until her death in 1850. Between 1845 and 1850, she wrote a series of thirteen letters to the Nightingale nurses that both documented the progress nursing made in the late nineteenth century and warned nurses that they must remain current, competent, and caring. In 1849, she wrote of the danger of relying on words over actions: There is a curious old legend that the nineteenth century is to be the age for women and has it not been so? Shall the twentieth century be the age for words? Early nursing education emphasized conformity and a position subservient to the physician. Advocacy has been defined as an active process of supporting a cause or position. Illustrated Oxford Dictionary, However, advocacy has not always been a clear expectation in nursing. Isabel Hampton Robb, an early leader in the development of American nursing education, encouraged obedience as the primary activity of the nurse. In Robb stated: Above all, let [the nurse] remember to do what she is told to do, and no more; the sooner she learns this lesson, the easier her work will be for her, and the less likely she will be to fall under severe criticism. Implicit, unquestioning obedience is one of the first lessons a probationer must learn, for this is a quality that will be expected from her in her professional capacity for all future time Hamric, , p. While Nightingale expected obedience in following the rules and medical direction, her intent was to allow nurses the autonomy of purpose to advocate for patients and the profession. Nightingale, Advocacy is now identified both as a component of ethical nursing practice and as a philosophical principle underpinning the nursing profession and helping to assure the rights and safety of the patient. Nurses are seen as advocates both when working to achieve desired patient outcomes and when patients are unable or unwilling to advocate for themselves. Since advocacy has been considered a major component of nursing practice - politically, socially, professionally, and academically. Despite the seeming lack of a professional focus on advocacy before the early 1900s, it is argued that Nightingale implicitly laid the foundation for nurse advocacy and established the expectation that nurses would advocate for their patients. Nightingale did not directly address the concept of advocacy. She did, however, demonstrate advocacy in exceptional ways throughout her lifetime. At least 13 letters remain in public archives and private collections. She was the shadow author for a number of official government documents relating to healthcare in the military and the subcontinent of India. Bostridge, ; Mawbray, However, they are now publically available. Nightingale was a singular force in advocating for as opposed to with individuals, groups, and the nursing profession. Her expressions of advocacy grew with age, experience, and public acceptance of her as both nurse and expert. Her significant contributions include her advocacy for egalitarian human rights and for advocacy in her leadership roles. Nursing is now recognizing how her ideas and techniques can be useful in the 21st century. Advocacy Through Promotion of Egalitarian Human Rights As a young woman, Nightingale became acutely aware of the unequal status and opportunity provided to men as compared to women in English society. Stark described the social structure: Victorian England was a country in the grip of an ideology that worshipped the woman in the home. Women were viewed as wives and mothers, as potential wives and mothers, or as failed wives and mothers. Now, why is it more ridiculous for a man than a woman to do worsted work and drive out everyday in a carriage? On one hand, assuming the superintendency of this institution had to have been extremely daunting for a woman of 32 entering her first employment. The hospital was a newly acquired facility in poor condition with inadequate furnishings and a poorly trained staff. She reported that in the first month of occupancy she had experienced a gas leak with small explosions, a fight between workmen in the drawing room, a drunken foreman, and the death of 5 patients. Verney, On the other hand, it was the opportunity to participate in a healthcare situation under her control that allowed her to create and utilize environmental and patient care standards that were to become foundational to the development of modern nursing. Selander, a. Her first major concern, however, was a policy held by the Committee stating that only individuals who were members of the Church of England would be admitted to the institution. Nightingale could not accept this position, perhaps because of her liberal Unitarian upbringing and her deeply rooted beliefs in the value of individuals without respect to religious preference. In a private note to her close

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friend and ally, Mary Clarke Mohl, she airs her frustration, indicating she would leave the post if this disagreement could not be resolved: From committees, charities, and schism, from the Church of England, from philanthropy and all deceits of the devil, good Lord deliver us. My committee refused me to take in Catholic patients; whereupon I wished them good morning, unless I might take Jews and their Rabbis to attend to them. Verney, , p. Eventually, she won the battle with the Committee so that patients of all faiths “ or no faith “ were equally admitted to the hospital Verney, This allowed her to meet the committee members on equal social footing. Use of personal position and social acquaintances, logic and debating skills, and the development of statistical evidence were tools she would refine and employ over the next fifty years. Nightingale next turned her attention to the development of care standards for patients, including the right to a peaceful death. The chronically and the mentally ill were often ignored by staff. Nightingale, however, accepted these patients and allowed them to remain as long as she believed that they were benefiting from care despite staff objections. Nightingale never wavered from the idea that a basic human right was high-quality patient care provided by a dedicated nursing staff. Nightingale advocated for patients on a larger stage during her 20 months in Scutari and the Crimea. These nurses were individually selected for their ability to nurse, the likelihood that they would accept authority, and the expectation that they would remain for the duration of the conflict. Ultimately, many of those selected did not fulfill these criteria. However, Nightingale never wavered from the idea that a basic human right was high-quality patient care provided by a dedicated nursing staff. Following her return to England she established similar operating principles at The Nightingale School at St. Nightingale again insisted that probationer students be admitted without respect to religious preference Bostridge, The development of educational standards in a tightly controlled environment began to elevate nursing as a respectable profession that provided women with meaningful employment Adern, During her fifty productive years, she continually benefited from the cumulative experiences of Harley Street, Scutari, the Crimea, and her interactions with government officials in determining the potential of nursing. Her education, social stature, extensive range of acquaintances, and international travel provided essential context, opportunity, and a public voice. Her major contributions to the profession had evolved from leadership of a few at Harley Street and in the Crimea to the professional collective. She was able to explore the potential of a refocused nursing, as opposed to remodeling the status quo. While this was an inaccurate theory, it did focus attention on the role of the environment in relation to illness. The deplorable conditions at Scutari reinforced this viewpoint, and led to her advocating for the importance of an appropriate environment for the patient both internally and externally. All of these factors are viewed as being within the purview of nursing. Although there is dispute as to the degree that the death rate was reduced in the Crimea, it is undeniable that there was a specific link between the state of the environment and the death rate Small, Nightingale was also a supporter of the sanitation movement in London. She joined forces with reformers, such as Farr and Chadwick, in advocating for permanent improvements in public health Selanders, c. This emphasis was later extended to her environmental work in India Mowbray, She advocated for educated nurses who had a knowledge base and a specific role in healthcare. Further, she envisioned the extension of nursing as the essential force which would meet the growing healthcare needs in sectors outside of the hospital.

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## Chapter 4 : Clinical Guidelines (Nursing) : Nursing clinical handover

*The International Guidelines for Home Health Nursing Practice are guiding principles for nurses who aspire to provide excellent care to patients in their homes. Developed by home health nurses for home health nurses, their purpose is to provide guidance to nurses around the globe who seek to develop their professional home healthcare practice.*

Communication includes verbal, nonverbal and listening in a manner which connotes empathetic understanding. Awareness of the feelings helps to understand the behavior it engenders. The systematic use of the scientific problem-solving method for decision making The scientific problem- solving method is the only method that allows for control and prediction, and that permits self-correction. The science of caring should not be always neutral and objective. Promotion of interpersonal teaching-learning The caring nurse must focus on the learning process as much as the teaching process. The external and internal environments are interdependent. Nurse must provide comfort, privacy and safety as a part of this carative factor. Each need is equally important for quality nursing care and the promotion of optimal health. All the needs deserve to be attended to and valued. Allowance for existential-phenomenological forces Phenomenology is a way of understanding people from the way things appear to them, from their frame of reference. Existential psychology is the study of human existence using phenomenological analysis. This factor helps the nurse to reconcile and mediate the incongruity of viewing the person holistically while at the same time attending to the hierarchical ordering of needs. Thus the nurse assists the person to find the strength or courage to confront life or death. Health Watson adds the following three elements to WHO definition of health: A high level of overall physical, mental and social functioning A general adaptive-maintenance level of daily functioning The absence of illness or the presence of efforts that leads its absence 3. A caring attitude is not transmitted from generation to generation. It focuses on health promotion and treatment of disease. She believes that holistic health care is central to the practice of caring in nursing. She defines nursing asâ€¦. They both try to solve a problem. Both provide a framework for decision making. Assessment Involves observation, identification and review of the problem; use of applicable knowledge in literature. Also includes conceptual knowledge for the formulation and conceptualization of framework. Includes the formulation of hypothesis; defining variables that will be examined in solving the problem. Plan It helps to determine how variables would be examined or measured; includes a conceptual approach or design for problem solving. It determines what data would be collected and how on whom. Intervention It is the direct action and implementation of the plan. It includes the collection of the data. Evaluation Analysis of the data as well as the examination of the effects of interventions based on the data. Includes the interpretation of the results, the degree to which positive outcome has occurred and whether the result can be generalized. It may also generate additional hypothesis or may even lead to the generation of a nursing theory.

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## Chapter 5 : Care Models - Patient Safety and Quality - NCBI Bookshelf

*Purpose: guiding environmentally safe nursing care --Introduction: nursing and environmental health --Underlying scientific context: global climate change and chemical burden --Underlying assumptions: a foundation for the principles --Development of the principles and this document --Policy statements from ANA: safe environmental practices.*

Continued seeking of self-enhancement by its members. Credentialing system to certify competence. Legal reinforcement of professional standards. Penalties against incompetent or unethical practice. Role distinctions that differentiate professional work from that of other vocations and permit autonomous practice. Professionalization of nursing Professionalization is the process by which an occupation achieves professional status. The status of nursing as a profession is important because it reflects the value society places on the work of nurses and the centrality of this work to the good of society. Values, beliefs, and ethics relating to the profession are an integral part of the educational preparation. By definition, a professional is autonomous in decision making and is accountable for his or her own actions. Personal identification and commitment to the profession are strong, and individuals are unlikely to change professions. In contrast, an occupation is characterized by training that may occur on the job for varying lengths of time. The training does not incorporate, as a prominent feature, the values, beliefs, and ethics of the occupation. The workers are supervised, and ultimate accountability rests with the employer. Thus commitment is not always strong, and individuals often changes jobs Chitty, By virtue of these standards, society holds nurses and those under their supervision accountable for their actions. Autonomy in nursing is the freedom and the authority to act independently. An accountability based governance system is a predominant feature of professional practice models. Responsibility and authority are established in specified processes rather than in particular individuals who, in turn, determine the placement of accountability. The nurse is central to the organization and is supported by major service components such as standards, quality assurance, continuing education, and peer process. Nursing management has no legitimate role in practice-related decisions; rather, management facilitates, integrates, and co-ordinates nursing operations to support the practitioner. Professional standards and nursing process Professional standards ensure that the highest level of quality nursing care is promoted. Excellent nursing practice is a reflection of sound ethical standards. Client care requires more than just the application of scientific knowledge. Critical thinking requires the use of scientifically based and practice-based criteria for making clinical judgments. These criteria may be scientifically based on research findings or practice based on standards developed by clinical experts and quality improvement initiatives. Nursing profession and essential components Nursing is a helping, independent profession that provides services that contribute to the health of people. Three essential components of professional nursing are care, cure and co-ordination. To cure is to assist patients in understanding their health problems and to help them to cope. The cure aspect involves the administration of treatments and the use of clinical nursing judgment in determining, on the basis of patient outcomes, whether the plan is effective. Co-ordination of care involves organizing and timing the medical and other professional and technical services to meet the holistic needs of the patient. And often a patient requires many other services simultaneously in order to be well cared for. A professional nurse also supervises, teaches, and directs all of those involved in nursing care. So there are some guidelines are essential to check how the nurses perform professionally and how they exercise the care, cure and co ordination aspects of nursing. As an independent profession, nursing has increasingly set its own standards for practice. This is called standards of nursing care. Clinical, administrative, and academic experts have developed standards of nursing practice. The most widely accepted one is American Nurses Association ANA within this document there are standards of professional performance and standards of practice. Nursing as a profession Nursing is not simply a collection of specific skills, and the nurse is not simply a person trained to perform specific tasks. Nursing is a profession. No one factor absolutely differentiates a job or a profession, but difference is important in terms of how nurse practice. As explained before a profession as

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have some characteristics, one among this is the profession has a code of ethics and standards. Standards of Professional Performance The ANA Standards of professional Performance describes a competent level of behavior in the professional role, including activities related to quality of care, performance appraisal , education, collegiality, ethics, collaboration, research, and resource utilization, this document serves as objective guidelines for nurses to be accountable for their actions, their patients, and their peers. ANA Standards of professional performance.

### Chapter 6 : The Voice of Florence Nightingale on Advocacy

*AONE Guiding Principles 1 Guiding Principles The Core of Nursing is Knowledge and Caring Understanding of person, health and environment drives nursing practice of caring for patients.*

### Chapter 7 : Environmental Theory - Nursing Theory

*Contents: Purpose: guiding environmentally safe nursing care -- Introduction: nursing and environmental health -- Underlying scientific context: global climate change and chemical burden -- Underlying assumptions: a foundation for the principles -- Development of the principles and this document -- Policy statements from ANA: safe.*

### Chapter 8 : NCSBN Website Policies | NCSBN

*Leadership; PHN demonstrates leadership in the professional practice setting and the profession (oversee nursing care given, abides by the vision and associated goals and plan to implement and measure progress, act in accordance with organizational goals, facilitates development of organizational plans, participates in teams, mentors colleagues.*