



Our *Image,*
Our *Choice*

PERSPECTIVES ON SHAPING, EMPOWERING,
AND ELEVATING THE NURSING PROFESSION

Shelley Cohen, RN, BS, CEN • Kathleen Bartholomew, RC, RN, MN

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HCP Pro

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Dedication

My image of nursing began to take shape back in 1965 as I walked to the J.B. Thomas Hospital in Peabody, MA, in my candy striper uniform. The image grew when I graduated from the Faulkner Hospital School of Nursing in 1975. Through all these phases, my parents were always proud of the icon I represented: the nurse. With this in mind, I dedicate this book to my mother, Marcia Cohen, and my late father, Albert Cohen.

As I work toward the future—pursuing another phase of image as I obtain my master’s of nursing degree—it is my husband, Dennis, who beams with pride. His unconditional love and support provide me with the determination to mentor other nurses.

I am proud to share the pages of this book with all the nurses out there who are working hard to ensure that the image of nursing is our choice.

–Shelley Cohen, RN, BS, CEN

I would like to dedicate this book to my mentors: Professor Emeritus Genevieve M. Bartol, EdD, RN, CHN, and Professor Linda Westbrook, RN, PhD. For their constant guidance, encouragement, and support I am most deeply grateful.

–Kathleen Bartholomew, RC, RN, MN

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Acknowledgments

Nursing credential patches featured in the cover art are provided courtesy of the Center for Nursing Advocacy. The initial “RN” patch was created by J. Morgan Puett and Mark Dion in association with their exhibit “RN: The Past, Present and Future of Nurses’ Uniforms,” which exhibited October 2003 – February 2004 at The Fabric Workshop and Museum in Philadelphia. The RN patch is used with permission from Ms. Puett and Mr. Dion.

The remaining patches were created by the Center for Nursing Advocacy with permission from Ms. Puett and Mr. Dion. The Center seeks to increase public understanding of the central, frontline role nurses play in modern healthcare. The focus of the Center is to promote more accurate, balanced, and frequent media portrayals of nurses and increase the media’s use of nurses as expert sources. The Center’s ultimate goal is to foster growth in the size and diversity of the nursing profession at a time of critical shortage; strengthen nursing practice, teaching and research; and improve the healthcare system.

For more information on the Center for Nursing Advocacy and to become involved in its campaigns, visit www.nursingadvocacy.org. The current work of Ms. Puett and Mr. Dion can be found at www.mildredslane.com.

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About the Contributing Authors

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She has published and spoken on a number of topics related to nursing, shared governance, evidence-based practice, competency assessment, education, preceptorships, new employee orientation, servant leadership, workforce grants, and nursing professional development, both locally and nationally.

Swihart has served as an ANCC Magnet Recognition Program® appraiser and is currently an ANCC accreditation appraiser, the treasurer for the National Nursing Staff Development Organization, and adjunct faculty at South University and Trinity Theological Seminary and College of the Bible distance learning program. Her training and experiences, including those in academic and staff development education, give her a broad and balanced perspective of nursing that influences and colors all that she does as she creatively challenges and encourages others through professional nurse development in professional practice environments of care.

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Karen L. Tomajan, MS, RN, BC, CNAA, CRRN, is director, nursing quality and special projects at INTEGRIS Baptist Center, an ANCC Magnet Recognition Program® (MRP) recognized facility in Oklahoma City. In this capacity, she edited the MRP self study and led staff education in preparation for the site visit. Tomajan precepts graduate students in the Clinical Nurse Leader program at the University of Oklahoma College of Nursing and serves as a program evaluator for the NLNAC. She recently authored an online module on facilitating staff development in the evidence-based Nurse Manager Certificate Program for Sigma Theta Tau and is the current president of the Oklahoma Nurses Association. During her career, she has served in a number of roles including staff nurse, charge nurse, staff educator, recruiter, academic educator, and director of nursing in rehabilitation, medical-surgical, geriatric and critical care settings. She lectures on team training concepts, lean thinking, nurse retention, and workforce advocacy strategies.

Tomajan is a strong advocate for workforce advocacy—a model for addressing workplace issues espoused by the Center for American Nurses—and is passionate about the power nurses have to make a difference in their own practice and collectively change the work environment for nurses and the patients they serve.

Edie Brous, RN, MSN, MPH, JD, is a nurse attorney in private practice in New York City, where she specializes in professional licensure representation, medical malpractice defense, and nursing advocacy. She serves on the board of directors for The American Association of Nurse Attorneys and the Center for Nursing Advocacy. She has an extensive clinical and managerial background in operating room, emergency, and critical care nursing. She coordinates the Legal Clinic column in the *American Journal of Nursing* and serves as a peer reviewer for several professional nursing journals. She is a contributing chapter author on several textbooks and is currently coauthoring and editing a textbook on legal and ethical issues for advanced practice nurses.

Foreword

Today's nurses face tremendous challenges on every shift. Our work is more intense and more complex, yet we have less time to deliver nursing care due to the decreased length of time patients remain in the hospital. Nurses must constantly integrate new technological discoveries, while pharmacological advances have resulted in patients living longer with chronic illness, multiple admitting diagnoses, and more medications. Every day nurses feel the effect of America's dysfunctional healthcare system, which ultimately asks nursing to compensate for its excess waste by adding tasks or failing to provide adequate resources. Regulatory concerns that attempt to address quality and safety continue to ask nurses to do more with less. All this can make the future appear overwhelming.

But there is something you can do immediately that will forever have a powerful and sustained affect on the future of nursing. Our image is a collective expression of the pride and professionalism each nurse feels and then portrays to the other members of the healthcare team and to society. There is no healthcare without nursing care, and the time has come for you to define your value through actions, conversations, and ideas. We don't have to wait for increased budgets or massive healthcare changes. We can take ownership of our image right now.

It is our hope that this book will give you the awareness, support, information, and tools needed to advance your professional image. One nurse at a time, we can and will affect our collective image. Will you join and support a professional nursing organization, mentor the next generation of nurses, and uphold the highest level of professionalism in your words and actions? It's your choice, your image.

–Shelley Cohen and Kathleen Bartholomew

CHAPTER 1

One Profession, Many Images: Where Has Florence Nightingale Gone?

By Shelley Cohen, RN, BS, CEN



LEARNING OBJECTIVES

After reading this chapter, the participant will be able to:

- ✓ Discuss the current image of the nursing profession
- ✓ Recognize the effect of image on public perception

Formal Introductions

“This is my daughter, the nurse.”

Some introduction from a parent, isn't it? But this is how I was always introduced: “the nurse” rather than my given name. Thinking back, I remember being bothered by this. At that time I felt my identity was more about who I was than what I was. But as I grew older I learned an important life lesson: Sometimes *what* you are really is *who* you are. Or at least it is when you are a nurse.

I have always been proud to be a nurse, and I have worked as a nurse with pride, beginning from the time I graduated to now, 33 years later, working as an educator and an emergency department staff nurse. Yet I find myself conflicted about the current image of nursing, and I feel something has changed. If my pride in being a nurse has not changed, then what has?

My feelings have changed due to many perspectives, and are in large part based on what I see in the nursing profession. I no longer see pride being demonstrated through what nurses wear, what they say, or how they act. I must add that this is a generalization and does not apply to every nurse. Many of us would never check a text message while talking to a patient or patient's family member. Many of us would not consider it an option to wear the same shoes to work that we wore while mowing the

lawn that morning. Some of us might wonder what you were thinking if you suggested it was acceptable to place an online shopping order for a new pair of shoes while at work.

Through actions such as these and attitudes we hear about every day, one can conclude that many nurses do not take pride in their profession. What do you think when you hear nurses say, “I would never recommend my daughter go to nursing school—it’s the most thankless job” or “We always get treated poorly; that’s what it means to be a nurse these days.”

Ouch. This hurts both to type and to read. How do you feel each time you hear the phrase “Nurses eat their young”? Doesn’t that just make you feel special—only in the wrong way?

The perspectives on nursing image discussed in this text are not meant to serve as a journey down memory lane simply as a way for us to say, “Back in my early days of nursing you would never . . .” Statements like that are hogwash! Nursing has had trouble with its image for decades—it just didn’t feature so much technology or shoes that had holes in them. Take nurse-to-nurse hostility as just one example: I can still feel a chill in my spine from the intimidation attempts thrown at me in 1975 when I first started work.

Many of us in the profession are starting to seriously examine our image and all its ramifications. If appearance, actions, and thoughts don’t bring you to a place where you question the image of a nurse, try this one: How do you feel when the phrase “he or she is such a good nurse” is used to describe a nurse who has good clinical skills but also has a negative attitude and will not work with the team? Shouldn’t being a good nurse imply one has skill *and* character? Are we saying that the minimum we will accept for a good nurse is skill?

Are other qualifiers no longer necessary to define a good nurse? Caring for patients as a team effort, encouraging one another, and supporting new graduates as they transition from student to professional are still important qualities for a nurse. Aren’t they?

Writing About Image

By 2006, I found myself increasingly confronted with comments and personal experiences related to perceptions of nursing pride, nursing image, and what makes up a good nurse. I was on overload and needed to put my thoughts down on paper to release my pressure valve of frustration. Balancing somewhere between disappointment and concern over what had become of nursing and its image, I felt it was time to find some balance in all of this. With few resources available then, I gathered a sampling of data from a survey of more than 300 emergency department nurses related to their perceptions of their image. These results were presented at the Emergency Nurse Association 2007 Leadership Conference in Boston. Unsure as to what type of response I would get from the participants, I approached the presentation through the title *Perception Is Reality: The Image of the ED Nurse*. The feedback I received from this presentation was the affirmation I needed: I am not alone in my quest for the pride and image of nursing.

Others have also published recently on issues of image and perception. In the article “Nursing: Today and Beyond,” Cindy Saver, RN, MS, (2006) took us on a journey that examined trends in nursing, and compared nursing by generation, from the days of ironing your nurses’ cap and not wearing gloves to start an IV. Spurred by this article and others, the timing was perfect to once again raise some

questions and continue my search for nursing pride, professionalism, and image. *American Nurse Today* published an article I wrote on “The Image of Nursing” as a cover piece in the May 2007 issue. This article caused quite a stir, and the editors of the journal told me they received more feedback than they ever expected. Nurses were starting to ask questions about image and pride, and they did this in letters to the editors and direct e-mails to me.

At this point, I recognized it was time to gather perspectives from educators, staff nurses, new graduates, and others in the field of nursing, and examine the issue from a wider perspective. In 2008, I took elements from the 2006 survey for ED nurses and reformatted it for nurses across all specialties and sent it out to nurses across the country. I received more than 1,000 responses to the survey, and I heard from others who have also been searching for the impact and impression of nursing. You may be tempted to fast-forward your reading to Chapter 2 to view these results; go ahead if you must. However, I encourage each reader to make time to listen and truly hear the perspectives of each contributing author. Chapter 11 will require you to take action as well as stimulate you to ask yourself some questions.

Historical Perspective

Think about all the descriptive names that have been applied to nursing throughout the years. Just the thought of some of these descriptors and stereotypes will give us enough debate to last a lifetime. From angels of mercy to handmaidens or glorified waitresses, for many, one name says it all.

But it's time to ask, who elected themselves in charge of deciding what our image should be? Per-

haps the more important question is, “Who took over the decision about our image while nursing was arguing amongst itself?” Did any of us anticipate that it would be the catalogue companies selling scrub uniforms who would dictate the visual image of a nurse? One quick glance at any catalogue will show you pages and pages of scrubs decorated with cartoon characters.

Think back to when nurses would:

- Rise to give their seat to a physician
- Tolerate a physician throwing an instrument at them as “part of the job”
- Smoke at the nurses' station
- Never think of wearing anything other than a white uniform (with a blue cardigan if they needed warmth)

Stay with me on this retro journey, and you may even recall a series of books featuring a nurse called Cherry Ames (which, by the way, is making a comeback). Any young girl with hopes of being a nurse in the early 1950s through the late 1960s was awestruck at everything this fictional character accomplished.

If you want to return to the birth of nursing, we are all drawn to Florence Nightingale, whose vision was beyond her time. A remarkable woman, her *Notes on Nursing* continue to amaze us more than 100 years later. The Florence Nightingale Museum Web site reminds us that her greatest achievement was “to raise nursing to the level of a respectable profession for women” (www.florence-nightingale.co.uk). She had in her mind what the image of nursing

needed to be back then, and I believe that we forgot to continue to care for it in her absence.

The public perception of nursing is not accurate, and there is a distinct lack of realistic role models on television. In Chapter 3, author Karen Tomajan will walk you through her perceptions of the media's effect on our image and what is being done about it.

Defining Nursing's Image

Have we defined what nursing's image is, or do we first need to define what it is not? Results of our survey tell us what affects our image, but do we understand what comprises that image? Multitudes of resources list a variety of words to define "image," with the following being the most frequently cited:

- Reflection
- Idea
- Concept
- Representation

Using these four nouns, how would you define our image? How do you think your coworkers and family or friends would define it? What do they look for or listen to when responding? Do their responses come from personal experience or the television news? Is our image part of professionalism?

Our image is composed of many components that specify something about nursing as a health-care profession. Our skill, education, what we say, how we act on and off duty, what we wear, and what we communicate about ourselves all paint a picture that creates this image. For example, our

survey revealed that 87.7% of nurses (781 in the sample) felt that whether or not we introduce ourselves as nurses has a great effect on our image. I wonder how patients would respond to this question and how it affects their perception of nursing each time they have to ask us the question, "Are you my nurse?" What perception is left when nurses do not introduce themselves as the nurse? Have you ever known a police officer to walk up to an individual and say, "I'm Mr. Jones" or "I'm Ken Jones"? They will introduce themselves as "Officer Jones" or say, "I am Sergeant Jones."

The best of intentions may be misperceived by coworkers, patients, and their families. The least-skilled nurse stepping into the exam room of Mrs. Bartlett, a 24-year-old obstetric patient, may be perceived as "wonderful" by this patient. You may hear things that relay messages of "how wonderful my nurse was today." What was it about this nurse that imparted this "wonderful" image? Was it something he/she was wearing that a 24-year-old connected with? Was it something he/she said or how he/she acted? The best-skilled nurse can approach a family member in crisis while a loved one is being cared for and leave an impression of fear and distrust. How can this happen with a skilled nurse? Was it something she wore, said, or did or did not do?

Image is affected by many considerations, but the considerations just discussed have to do with actions, clothing, introductions, etc. As we look for answers to the question of who is shaping the image of the nursing profession, we must look at healthcare roles that affect our image and its perception. For just a moment, slip on the shoes of a new graduate nurse. For some of you, no matter how far back this takes you, you can still recall the emotions, concerns, and fears of making the transition to staff nurse. For some, the wounds are still

fresh, while others are glowing from the overt support and guidance they were showered with at their first nursing job. Who are the individuals who affected these new graduate nurses and what roles did they play?

Walk alongside a nurse traveler who is taking a position to help a medical-surgical floor meet its patient care caseload in the face of a nursing shortage. There are no welcome signs here, just some directions to the bathroom and the coffee pot if he or she is lucky. Instead of being welcoming and grateful for the help of another nurse, the nurses on this unit are aloof and do not display an image of professionalism. What persons played a part in this display, and what made them think this was acceptable behavior as a professional?

It starts at the top

As with many things in healthcare, what happens at the top is a reflection of how things are at the patient care level. When nurse leaders or managers arrive for work looking like they just rolled out of bed, why should staff think their appearance is important? You can have all the dress codes you want, but if leadership is not complying or holding others accountable, the impact is in the reflection. This also holds true for other elements related to image and professionalism. We need our nurse leaders to role-model the image, to set the tone, to walk and talk what is acceptable.

When you hear a nurse leader use foul language at a staff meeting or verbally berate the Board of Nursing for a standard, we have a problem “We” is the staff, patients and their families, and the rest of the healthcare team. A nurse manager I have worked with not only ensures she has a clean set of neat scrubs in her office should the need arise, she holds all staff accountable. If your name is on your

nursing license, then this manager expects you to comply with your state practice act as well as to demonstrate yourself as a professional. Another nurse manager I know violates organizational smoking policies, does not meet the dress code requirements, and when new staff reveal less than professional interactions, they are told to “get over it.” Like it or not, the reality is that we have a wide variability amongst our nurse leaders and their image. You have a very short period of time for staff to figure out who you are; first impressions always have and always will make a difference.

Appearance shapes perception

Let me share an example of a time I worked with an organization and I had an interaction with their clinical specialist nurse. What type of image would you expect when you hear “clinical nurse specialist”? Have you started to visualize how he or she might look? Imagine a clinical specialist introducing him or herself to a patient he or she is consulting on. What type of image do you think the patient is visualizing? Well, take a pin to that bubble, because what I was confronted with was a disheveled nurse, wearing an outfit you might wear to pick up groceries or the newspaper. Did I mention the clinical specialist was text messaging while we talked?

Is this the image we want a master’s-level nurse to portray? It does not matter how many degrees she had or years of experience. Your confidence in this person is instantly affected by the image she reflects. What made her think this is an acceptable appearance for a clinical specialist to have? Do we really need to put in writing for every level of nurse that they must show up to work looking professional?

The image of nursing is affected when interactions occur between healthcare workers, both in

Chapter 1

front of the patient and behind closed doors. Kathleen Bartholomew addresses these head on in Chapter 6. What happens when you see unacceptable behaviors from another nurse or healthcare worker? For many of you the answer is “nothing”; the response is, “They always act like that.” And that makes it okay?

A nurse preceptor who assisted with orientation of new hires and new graduates was also involved in some classroom activities the department held. She always showed up looking neat and professional, never in blue jeans. When other staff would challenge her with “What are you so dressed up for?” she would respond with a very important message about image. She would share with staff that to ensure new hires took the classroom experience seriously, it was important she seemed professional, not just in her presentation but in her appearance as well.

What image is left behind when a family member approaches the clinic nurse to ask a question about the patient only to find the nurse face-down engrossed in text messaging? What concept is delivered when a nurse delegates nonnursing functions to unlicensed staff? What perception is left in the minds of those who witness the charge nurse verbally berating another nurse? When was the last time you had a physician recognize you and your worth as a professional nurse? This past year I had a physician approach me to thank for me being there and reminded me how important I was to the department. Someone please pinch me because I think I am dreaming!

What a wonderful experience to have that recognition from a provider. The more I thought about it, the more I realized this should not be a rare occurrence. Looking back, I wish I had asked him what prompted the comment.

One nurse follows another’s work, day after day and shift after shift. Whether it is in the office/clinic, home health, school, or inpatient setting, you are starting with the leftovers from the previous nurse. How many times has a patient or family member said any of the following?

- Where is Tim today? I miss seeing him. He is such a great nurse.
- I am so glad to see you today. Finally, a nurse who actually cares.
- I hate to say anything to anyone, but that other nurse . . .
- I didn’t know he/she was a nurse. I could have asked him/her, but he/she never said anything about being the nurse.
- I wish all the nurses were as nice as you are.
- I didn’t know nurses could do that.
- I hate to ask the doctor this question, but I know I can ask you because you’re a nurse.

Being in the position of hearing some of these comments can be quite uncomfortable, while other comments bring confirmation of professionalism and a job well done.

Shaping the image of nursing requires actions on the part of all healthcare workers, but it has to start with the nurse first. I continuously hear from nurses that our profession is not respected by others. Why should it be? Sandy Dumont, an image consultant, who has directed the image of executives for more than 25 years, states, “You’re the only

thing between patients and death, and you're covered in cartoons" (Raymond 2004). Have you ever seen a police officer or firefighter or paramedic with Snoopy stickers all over his or her uniform? What other profession has allowed uniform catalogue companies to decide what their visual image should be? Cute doesn't help the frightened parent of a child who is critically ill. What you perceive as appearing "fun" or appealing to the patient/family you care for may leave a very different impression with those on the viewing side. One comment from a patient who happened to like your uniform does not constitute a research project. One of my staff positions required purchasing solid black scrubs for uniforms. My thoughts? *How much more morbid can you get?* But feedback from the viewer's side included:

- You look so professional
- I like your outfit—it looks like you got dressed up for me
- Everyone here looks so nice

Many nurses feel that certain patient popula-

tions, such as hospice patients and pediatric patients, respond better when the nurse is dressed differently. I believe this is true for certain situations, but can people tell who is the nurse? Can you visually be differentiated from ancillary services such as lab and housekeeping? I have worked with pediatric patients for more than 30 years and never had a problem relating to them without cartoons on my uniform. Blowing bubbles, a gentle voice and touch, a stuffed animal, and a little humor go a long way no matter what your uniform is.

It's important to remember we are great at what we do no matter what we are wearing. The point is that the perception of our abilities and competencies from the patient/family perspective is based partly on our appearance. Our survey results revealed that 90.6% (819) nurses felt that how they dress had a great impact on their image. One respondent wrote, "I would insist on having a national nursing white professional uniform." While wearing white is an issue that many disagree with, what is wrong with having one national professional uniform, so we can be recognized as nurses? With recognition comes respect. Take your image back—your reflection is in the mirror.



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How Individuals Can Shape Our Image

The national image survey asked respondents what individual nurses can do to help shape a more realistic image of nursing. Following are some of the surprising and not-so-surprising remarks. (You can view all of the responses at: www.strategiesfornursemanagers.com).

Adopt more professional behaviors at the nurse's station, with the patient, and in the community.

Appear as an educated professional. I believe so many nurses make themselves out to be catty, high school type women/men, and this greatly affects how others view our profession. Look, act, behave as a professional.

Remember that a professional nurse always projects a professional image, even when the circumstances she/he finds self in are trying. This is true even when (perhaps especially when) you are not being treated as, or recognized as a professional.

By always having a caring attitude but professional. We are spread very thin but it does not help to "whine" to patients.

Dress and act more professionally. I know nurses are under a lot of stress trying to meet the needs of families, the patients, the doctors, and administrators, but we need not "make a scene or get an attitude."

By remembering that people are always watching and judging everything you do as a nurse. Your behavior at work and in the community should always be professional.

The professionalism standard needs to be reinforced. Nurses need to understand the full meaning of professionalism.

Be a professional. Be proactive. Stop laziness among nurses. It is your job whether you like it or not. Change careers if you don't like it.

Be nice. Stop backstabbing and sabotaging each other at work. Think best of each other. However, be willing to step up and address these negative behaviors with each other.

Have respect for themselves and others. Don't put your career in a box and forget about it. Don't limit what you do by being only task oriented. Go outside of your comfort zone. Grow and share what you know you know. Don't let patients think what a non-nursing coworker thinks of nurses: "They came into my room but didn't do anything except take my blood pressure." "They gave me my medicine but really

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didn't know what they were doing." "I had so many of them and couldn't remember any of them doing anything to help me get well." "I think I'd rather have a good doctor instead of a good nurse."

Introduce ourselves to patients as a Registered Nurse, discuss our body of scientific knowledge in the public; stop saying that "we work too hard" and speak of the honor involved in our profession.

Have a Bachelor's Degree and a Master's Degree. We require it of our teachers, why not our nurses?

Dress and act professionally. Be genuine with her patients & their families. Caring attitude. Keep informed on changes & show confidence to your patient that you know what you are doing.

Accountability for your actions and practice.

Be professional, we have lost that.

Be aware of your "audience." Older folks do not like Sponge Bob and psychedelic tops. If you do wear brighter scrubs be sure they are clean and neat, not with buttons falling off and pockets drooping. And pay attention to your shoes!! I wear crocs myself, but they go through the wash weekly and don't look like they were stolen from the local garbage heap.

Stay updated. Act professional. Demand excellence from others as well as ourselves.

Sell what we do in a realistic but positive light. Promote the impact of even the smallest moments of caring—it is not all about the biggest arrests, the goriest traumas or those bloody TV shows! Individual nurses need to tell their stories more, they are incredibly powerful. Nurses need to stand for what is nursing, and not let it be devalued by skill replacement with cheaper labor. Nurse leaders need to lead this, instead of supporting nurse replacement with less qualified nurses as 'the answer' to the aging nursing workforce. Individual nurses need to be striving for, permitting, and encouraging true workforce flexibility in shift patterns, hours of work, and the ability to be promoted on the basis of true ability to do the job best, not on being able to work the 'establishment hours'.

Bring back professionalism—we seem to have lost it. Nurses need to treat each other and colleagues and other healthcare workers with respect. Treat each other as team members, in which we all play a part in caring for patients, no one is more important than others we just function in different roles.

Chapter 1

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