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#132

Recruitment
Preparing for Choices

Health care no field offers more excitement, more diversity, more options for personal and professional satisfaction. Nurses are at the heart of this dynamic field, contributing to all areas, from patient care to research to education.

The decision to become a nurse is only the first of many such decisions. The profession is so broad, so rich in opportunities, that the individual intent on a career in nursing must consider a host of choices. Which area of nursing am I most interested in—surgical nursing, psychiatric nursing, pediatric care? What setting do I want to work in—a hospital, a school, a corporation? Am I interested in administration, out-patient care, teaching?

Few people can know in advance exactly what their arms and interests will be in the future. The key to success, therefore, lies in preparing for as many options as possible. So that decisions in the future can be made with intelligence, flexibility, and perspective.

The key, in short, is an education that prepares tomorrow's nurse for the broadest possible range of career alternatives—a four-year education leading to a baccalaureate degree.

The Baccalaureate Degree in Nursing

As nurses play a greater role in the health care field, they need to be better prepared in every way. This means acquiring not only the specialized scientific training required for licensure, but the broad-based knowledge and skills needed to thrive in an environment of innovation and change.

Nursing is not an isolated profession but an integral part of modern society. Nurses must be well-educated individuals with skills that go well beyond the profession itself. They must be first-rate communicators, armed with superior verbal and written skills. They need quantitative skills, often a knowledge of computers, and a grounding in the liberal arts. These are the skills acquired in a baccalaureate program, in which students have four full years to explore the world of nursing—and the wider world in which nursing plays such a key role.
The health care field needs qualified nurses with four-year degrees—and this need is growing every year. In fact, by the year 2000 there will be only half as many nurses with four-year degrees as our society requires. This represents a shortfall of over 600,000 nurses with bachelors or advanced degrees. At the same time, the number of nurses with two-year degrees will exceed the demand for their services by nearly 300,000.

The nation's health care providers recognize the importance of a four-year education. And our nursing schools are seeking candidates with the talent, the ability, and the commitment required to meet this extraordinary demand.

Estimated Need and Supply for Nursing Personnel in Year 2000

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<thead>
<tr>
<th></th>
<th>Need (thousands)</th>
<th>Supply (thousands)</th>
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<tbody>
<tr>
<td>LPN/LVN</td>
<td>490.3</td>
<td>654.5</td>
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<tr>
<td>AD/DIP</td>
<td>927</td>
<td>1,233.9</td>
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<td>BSN &amp; higher</td>
<td>1,371.3</td>
<td>782.4</td>
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</tbody>
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A World of Alternatives

Care for the Elderly
Caring for older people is one of the fastest-growing areas of nursing. Life spans have been greatly increased, and the older person today is more active and lively than ever. These demographic trends, coupled with the tremendous advancements made in health care for the elderly, mean virtually limitless opportunities for the nursing professional with the proper educational background. Today's nurses are with elderly patients twenty-four hours a day—caring, counseling, guiding the way toward recovery. If technology improves the quantity of life, the baccalaureate nurse improves the quality of life.

Leading the Way Through Research
Research has expanded the range of health care, and today's better educated, better prepared nurse is taking a much more active role in this important field. Not only are more nurses performing research, but those prepared with a baccalaureate degree in nursing are better able to apply research in direct patient care. In addition, one of the modern nurse's most important roles is to integrate the findings of research into the planning of patient care.

A four-year nursing degree can open up a rich diversity of opportunities. Armed with a liberal education, the nursing professional can explore the entire range of nursing career alternatives.

From Hospital to Home
As health care costs rise, there is an increasing emphasis on home care. The nurse prepared with a baccalaureate degree can care for patients in any environment, providing the highest standards of skill and patient care. These nurses can explain the use of home health care equipment to patients, and direct their therapy with the confidence that comes only from competence.
In Touch With the World of High Tech Health Care
As technology has extended the boundaries of health care, the role of today's nurse has become even more vital. The baccalaureate-prepared nurse now operates an increasingly complex array of technologically sophisticated devices. More importantly, the nurse translates this high tech intensive care environment into human terms, helping the patient understand the purpose and importance of these complex devices. In a world of high technology, the nurse preserves the human touch.

Skills for Decision Makers
In critical situations, decisiveness can spell the difference between life and death. Today's nurses have been educated to make quick decisions. Nurses prepared with a baccalaureate degree don't need a formula—years of quality education have taught them to size up critical situations quickly and to respond with fast, intelligent action.

A four-year degree prepares nurses for taking on additional responsibility, particularly in the area of management. Superior managers are highly valued in any organization, including health care facilities. These individuals need to be knowledgeable in a variety of areas, from written and oral communications to psychology and organizational behavior. With a baccalaureate degree, today's nurse can step easily into a leadership role, with the confidence and skills needed to motivate and manage a staff of nurses, nurse aids and technicians.
An Invitation

The schools listed here are members of the Council of Deans of Nursing Schools of New York State, which offer four-year programs leading to a baccalaureate degree in nursing. Each of them would be pleased to send you more information about their four-year nursing programs. To request further information, simply write or phone the institution at the address or number indicated below.

Adelphi University
School of Nursing
Garden City, New York 11530
(516) 877-1000 Ext 2406

Alfred University
College of Nursing
Alfred, New York 14802
(716) 871-2161

City College of New York
at the City University of New York
School of Nursing
Convent Avenue at 138th Street
New York, New York 10031
(212) 316-4272

College of St. Vincent
Division of Nursing
Troy, New York 12180
(518) 274-5409

College of New Rochelle
School of Nursing
New Rochelle, New York 10801
(914) 449-2000 Ext 347

Columbia University
School of Nursing
630 West 168th Street
New York, New York 10032
(212) 305-1451

Dominican College of Blauvelt
College of Nursing
Nyack, New York 10960
(914) 593-2406

Dowling College
Division of Nursing
Pipingstone Center
New York 11758
(516) 877-2000 Ext 257

Mt. St. Mary College
Division of Nursing
Newburgh, New York 12550
(914) 561-4800 Ext 137

New York University
Division of Nursing
42nd Street at 6th Avenue
New York, New York 10012
(212) 491-2161

Weill Cornell Medical College
Division of Nursing
New York, New York 10021
(212) 343-5136

Lazar College
Department of Nursing
132 West 21st Street
New York, New York 10011
(212) 741-3240 Ext 503

State University of New York Health Science Center
at Brooklyn
College of Nursing
Downstate Medical Center
352 Coney Island Avenue
Brooklyn, New York 11203
(718) 270-5883

State University of New York College
at Buffalo
Department of Nursing
Buffalo, New York 14214
(716) 878-2371

State University of New York at Stony Brook
School of Nursing
Health Sciences Center
Stony Brook, New York 11790
(516) 495-3124

Syracuse University
College of Nursing
Syracuse, New York 13244
(315) 423-2144

University of Rochester
School of Nursing
Rochester, New York 14642
(716) 275-2371

Wagner College
Department of Nursing
Staten Island, New York 10301
(718) 395-3436

D'Youville College
Division of Nursing
Buffalo, New York 14213
(716) 881-1611

Hartwick College
Department of Nursing
Oneonta, New York 13820
(607) 436-4200 Ext 339

Hunter College of the City University of New York
Hunter-Bellevue School of Nursing
425 East 66th Street
New York, New York 10021
(212) 695-2312

Kuka College
Division of Nursing
State Park, New York 14783
(518) 536-4411 Ext 273

Lehman College
Division of Nursing
Lehman College
Concord Avenue
New York, New York 10468
(718) 960-8713

Long Island University
Division of Nursing
Brooklyn, New York 11203
(718) 930-1060

Marist College
Division of Nursing
Poughkeepsie, New York 12601
(914) 471-3240 Ext 503

State University of
New York Health Science Center
at Brooklyn
College of Nursing
Downstate Medical Center
352 Coney Island Avenue
Brooklyn, New York 11203
(718) 270-5883
The American Association of Colleges of Nursing (AACN) is sending this statement to you because we know you share our concern about the nursing personnel shortage.

DEMAND

The demand for well-prepared nurses in health care delivery has never been greater. Patients receiving care in acute care settings are sicker and require more intensive application of technology. In addition, changing demographics in our nation reflect an increasingly large population of frail elderly requiring knowledgeable and skilled nursing care. The organizational complexity of present day hospitals and other health care organizations has also increased the demand for nursing personnel. Indeed, data from the American Hospital Association show a doubling of budgeted vacancies for nurses now in hospitals. Increased vacancies are projected to continue well into the future.

The many other arenas in which nurses practice offer serious competition to hospital nursing services. Surgicenters, health maintenance organizations (HMOS), insurance companies, ambulatory care centers, computer and accounting firms, corporations that use nursing expertise, and all other care delivery modalities are seeking appropriately qualified nurses. Home health care agencies are beginning to recruit and attract more critical care and other highly skilled specialty nurses, thus competing more directly with hospitals for scarce professional resources. Administrators in home health care agencies, as well as those in the nursing home sector, report they are having great difficulty meeting the demand for properly prepared nursing staff to care for more acutely ill patients.

SUPPLY

Figures on enrollment in AACN member schools during the period from fall of 1983 to fall of 1987 indicate a drop of 21 percent in generic baccalaureate enrollments (students with no past nursing education experience). Enrollment in master's and doctoral programs in nursing is up 11 percent. In the past two years, enrollment of Registered Nurses obtaining the baccalaureate is up 11 percent. These last figures identify the trend of nurses seeking advanced education to increase their knowledge and skill commensurate with the demands of today's health care system.

Bachelor's graduates are prepared as generalist practitioners in direct care delivery. Surveys by AACN show that, at one year postgraduation, 96 percent of baccalaureate nursing graduates are practicing in hospitals and other health care settings. Master's and doctoral graduates are prepared as specialist practitioners in direct care delivery.
care delivery or as administrators, educators, or researchers. Virtually all nurses with graduate degrees occupy positions in the nation's health care and educational settings.

Available evidence points to two clusters of factors contributing to the decline in undergraduate enrollments:

1. Other career opportunities such as business, medicine, and engineering have opened up for women. These careers are perceived to be more attractive than a career in nursing. Thus, for the first time nursing must respond to serious competition from other fields.

2. The work of nursing and the environment in which this work occurs are perceived to be undesirable. Many settings have lagged in providing conditions conducive to satisfying professional practice. Greater autonomy in practice recognition and status, career mobility at the bedside, salaries in line with salaries of comparably educated persons, incentives to encourage experienced nurses to remain in clinical care, and a differentiated wage structure that recognizes education are all components of desirable practice settings.

SOLUTIONS

The Association recognizes that solutions to this complex set of concerns require strategies that address both supply and demand. We welcome the opportunity to work in collaboration with nursing administrators, health care administrators, and key organizations to resolve these important concerns.

Demand Strategies

Demand strategies would focus upon designing and testing nursing service delivery systems that incorporate improved practice environments, authority over nursing practice, nurse involvement in hospital management decisions regarding standards of practice and support services, and judicious use of assistive nursing personnel. The Association has information on many hospitals in both university and community settings that have successfully implemented these strategies in a cost-effective manner. These hospitals have shown they can recruit and retain their nursing staffs despite widespread shortages.

Because the perception is so widespread that the conditions of nursing work are unattractive, another strategy must focus upon public relations. Nursing careers provide flexibility, opportunities for educational mobility, intellectual stimulation, and avenues for humanistic services. Nurses are responding to challenges to improve health care and meet consumers' needs for new and better systems and models of care in a cost-conscious society. Nursing research has already made major contributions that have enhanced quality of care. Success stories of nurses in improved practice settings disseminated widely at national, regional, and local levels would prove highly effective.
A well-coordinated publicity effort is critical to the success of any strategies put into place to counter the effects of a nursing shortage.

Supply Strategies

The Association is actively implementing a national recruitment and retention strategy that focuses upon widely publicizing the benefits of a nursing career as well as assisting member schools in recruiting and marketing the profession to potential students. Again, we welcome the opportunity to provide leadership in recruitment and marketing of nursing to young women and men, and recognize that collaboration with others is essential for success in these endeavors.

More scholarships, traineeships, loans, and other means of financial assistance are essential so nursing can compete with other career choices. The high debt for education that many students incur is not counterbalanced by good salary return over the course of a career. The Association works actively with legislative and executive branches of government at the federal level to gain maximum financial assistance for university/college schools of nursing. We invite others to work in partnership at the federal, state, and local levels to obtain additional scholarships, loans, and other forms of financial aid.

A third supply strategy is for service agencies and schools to collaborate in recruiting students. Examples of such collaborative activities include 1) jointly planned programs that invite interested high school students to visit local hospitals and schools to discuss nursing as a career and to observe staff nurses in practice, 2) jointly sponsored scholarship and work study programs, 3) jointly sponsored "Nurse Clubs" in primary and secondary schools with nursing service and faculty personnel acting as student mentors, and 4) development of a service/school speakers bureau to address PTA groups and counselor organizations. Such service/education collaboration strategies can be coordinated at local, regional, and national levels.

The Association represents 400 schools of nursing in senior colleges and universities. Its goals are to advance the quality of baccalaureate and graduate programs in nursing, provide for the development of academic leaders, and promote nursing research. The Association supports two levels of entry into nursing practice that would delineate technical and professional nursing roles.

We are pleased to share the information in this statement with you. We invite you to contact Barbara Redman, Executive Director, for further information, and look forward to working with you on these important matters of mutual concern.

February 1, 1988
FOCuson.

Careers in Nursing

Recruitment

Four years: An investment in a lifetime of opportunity.

Focus on Careers in Nursing
Health care no field offers more excitement, more diversity, more options for personal and professional satisfaction. Nurses are at the heart of this dynamic field, contributing to all areas, from patient care to research to education.

The decision to become a nurse is only the first of many such decisions. The profession is so broad, so rich in opportunities, that the individual intent on a career in nursing must consider a host of choices. Which area of nursing am I most interested in—surgical nursing, psychiatric nursing, pediatric care? What setting do I want to work in—a hospital, a school, a corporation? Am I interested in administration, out-patient care, teaching?

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New York, New York 10031
(212) 690-4718
College of Mt. St. Vincent
Division of Nursing
Riverdale, New York 10471
(212) 449-8346 Ext. 326
College of New Rochelle
School of Nursing
New Rochelle, New York 10801
(914) 633-5500 Ext. 437
Columbia University
School of Nursing
620 West 16th Street
New York, New York 10012
(212) 305-3583
D'Youville College
School of Nursing
Buffalo, New York 14213
(716) 881-7613
Hartwick College
Department of Nursing
Oneonta, New York 13820
(607) 438-4206 Ext. 359
Hunter College of the City University of New York
Hunter College School of Nursing
426 East 8th Street
New York, New York 10010
(212) 796-4312
Keuka College
Division of Nursing
Keuka Park, New York 14473
(315) 588-4411 Ext. 273
Lehman College of the City University of New York
Department of Nursing
Bedford Park Blvd West
Bronx, New York 10468
(212) 696-6212
Long Island University
Division of Nursing
University Plaza
Brooklyn, New York 11201
(718) 491-2786
Marist College
North Road
Poughkeepsie
New York 12601
(914) 471-3040 Ext. 503

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Estimated Need and Supply for Nursing Personnel in Year 2000

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Leading the Way Through Research

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NURSING SHORTAGE POLL REPORT

How bad is the shortage? What problems has it caused for nurses across the country? You'll find the answers here.
Throughout our report, we'll compare these two viewpoints for you. We'll then get at the differences in the perceptions of nurses and nursing executives. From their respective viewpoints, we'll compare the data and contrast the perceptions.

Among nurses, the "worried" (defined as "very worried") was the public's perception of the problem, and only 17% of nurses said that friends were interested enough to discuss the problem with them.

Organizational units. The number of nurses in critical and emergency care units is growing faster than the number of RNs entering the workforce. The shortage has been exacerbated by increased overtime and increased patient demand.

Aging nurses. The average age of the nursing workforce is increasing, and older nurses are more likely to retire or leave the profession. The shortage of experienced nurses is a growing concern.

Costly. The shortage is costly for the hospitals and the patients. Hospitals are spending more money to hire and retain nurses, and patients are facing longer wait times and reduced care quality.

How to attract a new nurse. Besides the more common incentives for new nurses—fringe benefits, competitive salaries, and opportunities for advancement—our respondents named several other creative enticements, including:

- Job security.
- Retirement benefits.
- Tuition reimbursement programs.
- Incentives for early retirement.
- Loan forgiveness for new graduates.
- Sign-on bonuses.
- Increased salaries and benefits.
- Opportunities for advancement (e.g., management positions).
NURSING EXECUTIVES LOOK AT THE SHORTAGE

"We're trying to do things in a family atmosphere. We guide our nurses; we love them. We buy them ice cream or wine and cheese after a hard day."

That was one of the more upbeat responses we received when we asked nursing executives what they were doing about the nursing shortage. Unfortunately, the most common response to the question, "What are you doing about hiring or retaining RNs that might help the entire profession resolve the nursing shortage?," can be summed up in two words—"Nothing new." Of the 200 nursing executives who responded to the survey, 76 (33%) gave that answer.

However, some nursing executives and their hospitals are trying to do something. Recruitment campaigns designed to attract high-school students and other prospective nurses appear to be the most popular strategy. About 44% of the respondents said their hospitals had launched such programs.

Other respondents (17%) mentioned scholarship programs. Still, others (6%) said their hospitals are trying to hire nurses more involved in making important decisions. An equal number of respondents (15%) pointed to tuition reimbursement, competitive salaries, latitude, and better benefits as incentives.

In light of the nursing shortage and the current "physician glut," the survey also asks nursing executives to consider the scenario. A doctor is "left in the lurch" because he cannot find an available RN to take care of patients, according to one RN. Reporting in the same scenario are various other RNs in other facilities. The survey, which was administered in August 2000, shows that RNs are needed at hospitals with a patient-to-nurse ratio of 7:1. In the emergency room, the RN-to-patient ratio is 2:1. In some circumstances, an RN-to-patient ratio of 5:1 is considered acceptable. In the operating room, the RN-to-patient ratio is 1:1. In the intensive care unit, the RN-to-patient ratio is 1:1.

Some respondents believe that the shortage may be worse than it appears. They believe that nurses are leaving the profession because they are being "squeezed" out of their jobs. They believe that nurses are being "burned out" because they are being asked to work longer hours and take on more responsibilities.

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Finding patterns shaken up
Because most nurses are already in short-staffed facilities, most respondents answered somewhere in the middle. The average rating was 3.1, and most were satisfied. Only 3% were very dissatisfied, and about 6% were very satisfied.

The survey of nurses showed that this group tended:
• to work in better-staffed facilities (because they were less likely to report hiring and retention problems)
• to work in facilities where salaries and benefits had increased.

They were also less likely to report increased overtime, weekend assignments, and shift rotation; and more likely to have primary nursing care in the facility where they worked. Finally, this group was more likely to list their title as "other" (meaning nurse coordinator, educator, clinician, clinical specialist, and so on) or as director assistant

Most recent nurses would or might choose a different career

If our respondents had the opportunity to choose another career, 31% of them would choose nursing, 35% might choose it, and 33% would not. Also, 54% have encouraged other people into nursing, but 60% have not.

Not surprisingly, our "very satisfied" respondents were quite a bit more likely to choose nursing again—94% said they definitely would. Nevertheless—and this is something of a surprise—13% of these very satisfied people would definitely not choose nursing again, and 35% of them have not encouraged others to enter nursing.

Data analysis

What does this mean? Our guess is that those who are satisfied with their work are not signing other options out there today. Changes in our society, our culture, our economy—like a strong undercurrent—are pulling many nurses and would be nurses into other directions.

Moving around

The "grass is greener" syndrome is certainly at work within the field, too. Though a sizable percentage of nurses (13%) had changed jobs in the last 5 years, over half (55%) said—once (30%), twice (15%), or more than once (10%). Nurses overall may be prone to a 7-year cycle. The longest amount of time respondents had held a job came to an average of 7 years. What's more, 61% said they hadn't stayed long enough at a job to be vested, so retirement.

The most mobile nurses gave several reasons for their job hopping, including:
• move/change in spouse's job
• better staffing/more manageable workload/less stress
• better salaries/benefits
• more autonomy
• professional growth and development/more challenge
• change of field (such as to home care)
• better hours, working conditions, flexibility, and so on.

The strain of short staffing

...and the risk of new grads

So short staffing, too much work, and too much stress can make it hard for new graduates to change jobs. Short staffing makes it impossible for many nurses, in fact, to feel any job satisfaction. Because patients are sicker, more staff is needed to begin with. And in some cases, the staff may not be fully qualified (what with hiring new graduates and so on) to deal with the sicker patients and shorter hospital stays.

Nurses, then, may be deeply frustrated. There aren't enough of them to go around, and there aren't enough to fill the gaps. Several of our respondents described the corners into places that are padding them, not as other jobs, to the point of burnout.

• were severely understaffed—part-time nurses 5 days or 2 weeks are working 8 to 10 hours. Double shifts are not uncommon, and overtime is so common we tend to think of ourselves as working 40 to 60 hour shifts. New employees, mostly graduate nurses (GNS), are used as regular staff during orientation because there are just not enough nurses to supervise them and provide patient care.

"One night supervisor took a permanent position as staff nurse on the intensive care unit (ICU) because she didn't like being responsible for a 'house that was badly understaffed.'"

"Recent grads, in the last 2 years, haven't been educated enough. I recently worked with 2 such grads from separate schools whose skills were the worst I'd ever seen."

"As a new graduate, I started my career on a medical/surgical unit. One time, another new graduate and I were left in charge of 39 patients."

"Our new grads are often expected to be fully responsible for a full patient load after 4 to 6 weeks of orientation. They soon become discouraged."

"Our salary level has increased 36%, but our budget for nurses is unchanged."

"At least 95% of us are concerned with giving good care—our first priority. Most of us leave after putting in a day with overtime and no breaks all day, still feeling that we've let our patients down."

"Nurses are being taught what to do by the nurses who look care of the patient the day before. Each patient takes at least an hour of care in the morning, plus vital signs every 2 hours, frequent blood work, ambulation, I.V. administration, medications, and so on. Yet this week, with four open-heart patients and several "routine" patients (one of whom was on a ventilator), the wing was to be staffed by one RN, two CNs, two CNAs, and one LPN. We felt there was a disaster in the making here, and we pray that it will be a 'routine' complication of the surgery and not one of our making."

"The nurse-patient ratio hasn't changed in years, though our patients are sicker than ever before. Teaching becomes paramount as patients are..."
THE VOICE OF BURNOUT

Burnout is nothing new, of course, but it may be happening to many more nurses than ever these days. So—perhaps—it doesn’t? If not, when we need to keep nurses most, conditions are driving nurses to exhaustion, and many of them just don’t want to take it anymore. Here are a few of our respondents’ stories.

Underserved

“Nurses have always been very giving to others—nurturing understanding, willing to do the extra mile. But lately a lot of us feel misunderstood and abused. If I am serving on three committees and acting as a team leader and working hard to help five patients, and nursing administration doesn’t Under appreciation, my opinion valid, then what am I doing at all this? You get a couple of pulldowns and you say, ‘That’s it, I’m quitting.’ This is what we’re feeling now nationwide. There’s a shortage of nurses with licenses. There’s a shortage of working nurses who are willing to endure inexcusable working conditions.”

Underutilized

“I like to work in the ICU. I love what we do, but there is a shortage of nurses in the ICU. It’s a shame to have a shortage of nurses in an area where they are needed most. I have only one nurse to each patient. I want my hours reduced to 16 hours, but I know the patients need more than that. I want my hours reduced to 12 hours.”

Frustrating

“Just the fact that we have to work with the patients and get them on the right path is stressful. We have to get them on their medications, and we have to treat them as individuals. I have to make sure that they are getting the best care possible, but it’s frustrating when you can’t seem to get it right.”

Resentment toward administration, doctors, and nursing management

Administration is seen as the culprit by many nurses.

- "Our hospital has had the nurse to open a new ‘overflow’ unit and despite an already dangerous workload. They’ve hired agency nurses that get at least double our salary for only a couple of patients. Meanwhile, our overworked medical/surgical nurses are doing even more than the rest of us through a long overtime shift caring for at least 14 patients each. Everyone is infuriated. It seems that our hospital is so money hungry...."
- "Administrators are losing touch with the staff. We’ve complained when we’ve been assigned more patients than we could handle. We’ve had patients who would have been on ICU but for lack of beds; they needed constant attention, but we were still assigned five to seven more patients. We were told ‘too bad.’"
- "Doctors aren’t as helpful either. If we’re to judge from our respondents’ comments, ‘we nurses get absolutely no support from the doctors,’ and one commented, ‘Every time we start to tell doctors to do something, they say that we’re not the doctors. We’re just nurses.’"

The need for support and recognition

- "Our hospital seems to be in a crisis mode, and we’re not getting any support from anyone. We’re just expected to do more with less."
- "As a nurse, we’re not treated like the professionals we are. We’re not always given the respect we deserve.”

The need for change

- "We need to start listening to the nurses. We need to start giving us the tools we need to do our job. We need to start treating us as equals.”
- "We need to start valuing our work. We need to start recognizing the work we do.”

The need for change in work environment

- "We need to start providing us with the tools we need to do our job. We need to start treating us with respect.”
- "We need to start giving us the resources we need to do our job.”

The need for change in staffing levels

- "We need to start providing us with the staffing we need to do our job. We need to start treating us with respect.”
- "We need to start giving us the resources we need to do our job.”

The need for change in benefits

- "We need to start providing us with the benefits we need to do our job. We need to start treating us with respect.”
- "We need to start giving us the resources we need to do our job.”

The need for change in work-life balance

- "We need to start providing us with the work-life balance we need to do our job. We need to start treating us with respect.”
- "We need to start giving us the resources we need to do our job.”

The need for change in leadership

- "We need to start providing us with the leadership we need to do our job. We need to start treating us with respect.”
- "We need to start giving us the resources we need to do our job.”

The need for change in policies

- "We need to start providing us with the policies we need to do our job. We need to start treating us with respect.”
- "We need to start giving us the resources we need to do our job.”

The need for change in culture

- "We need to start providing us with the culture we need to do our job. We need to start treating us with respect.”
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The need for change in working environment

- "We need to start providing us with the working environment we need to do our job. We need to start treating us with respect.”
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The need for change in education

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The need for change in career development

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The need for change in career development

- "We need to start providing us with the career development we need to do our job. We need to start treating us with respect.”
- "We need to start giving us the resources we need to do our job.”
LPS who couldn’t treat telemetry patients or even read strips. Did she known how to listen to breath sounds and could not give out meds. An LPS last week gave up his job to come in and help out our floor. He was sent to another floor (and he says he’ll never volunteer again).

- ‘These people have been in there a very long time’ They sit in their offices and really don’t know what’s going on. The nurses on our obstetric floor had been complaining for a long time to the RN and director of personnel that they were working under dangerous conditions and were too short staffed. Management kept telling them ‘It’s not in the budget to hire more’. The doctors finally got together and complained to the president of the hospital saying they’d pull out if there weren’t enough nurses. Needless to say, jobs opened up and RNs were hired. But we still don’t have a voice.

- ‘It seems management never asks themselves why nurses keep leaving. They look only at the immediate problem—finding another nurse. (And then she quits within a few months, or maybe a year.)’

- ‘How is is that nursing allowed its staffing to be cut at a time when patients were sicker than ever? I blame that on poor nursing leadership nationwide. These nurses with their PhDs and masters and clinical specialties sit in their sorry towers and preach about how we should ‘work smarter, not harder’ and that doesn’t help those of us on the front lines at all. They have no idea what we go through day by day just trying to get the work done.

And if you complain or try to suggest changes, they label you a troublemaker”

Resentment over salaries

- Though salary isn’t the most important thing for many nurses (see What Nurses Want Most, opposite), it’s still fairly important. When nurses start adding up the hours and comparing them to their paycheck, a lot of them seem to say, ‘This isn’t worth it’.

‘They preach work smarter, not harder, but that doesn’t help us on the front lines at all.”

WHAT NURSES WANT MOST

What things were most important to our respondents in evaluating their present jobs? Nursing executives and administrators alike would do well to heed this wish list. Here’s how it stacked up, starting with the most important:

<table>
<thead>
<tr>
<th>Factor</th>
<th>Percentage who think it’s very important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sufficient nursing staff</td>
<td>65%</td>
</tr>
<tr>
<td>Support from nursing management</td>
<td>56%</td>
</tr>
<tr>
<td>Minimum of every other weekend off</td>
<td>56%</td>
</tr>
<tr>
<td>Support from hospital leadership</td>
<td>56%</td>
</tr>
<tr>
<td>Permanent shift assignment</td>
<td>53%</td>
</tr>
<tr>
<td>Benefits</td>
<td>53%</td>
</tr>
<tr>
<td>Salary</td>
<td>51%</td>
</tr>
</tbody>
</table>

Other important factors included staffing patterns in general (48%); support from doctors (44%); opportunities for advancement (41%); location (36%); and staff-development programs (34%).
There are ideas in words but there—just not enough communication and too many barriers to keep them working...

"Hospital administrators refuse to pay nurses their true worth and they get away with it to a great extent because they all hang together in a more geographic area and price-fix salaries. Of course, they don't totally get away with it, because nurses are always leaving."

If we were offered $40,000 a year maybe high school students would consider nursing as a career. Right now it's a very tough profession to love.

"Nursing salaries are a joke. I have a friend whose only job is emptying mailbags off the truck at the post office and he gets $2 more an hour than me. After 12 years, I make only $11.50 an hour. And I'm supposed to be grateful. Any day I could do something wrong, kill somebody, and lose my license for the responsibilities I have as team leader and charge nurse, I should get a minimum of $20 an hour.

Our hospital recently introduced a clinical ladder with three separate levels. And only 50% separates each level. Our nurses are upset. People who have worked 10 or 15 years will be making only $1 more an hour at the top of the ladder than new graduates.

"It's disturbing to find people my age (22) making much more money than

recruiting.

A QUICK PROFILE OF THE NURSING87 POLL RESPONDENTS

Almost all 90% of our poll respondents are RNs who work in a hospital (50%) or nursing home (3%). The largest segment of hospital nurses (9%) work on medical/surgical units and 25% work on an intensive care or critical care unit.

Most respondents (61%) work in the city: 25% in the suburb; and 13%, in rural areas.

74% are presently employed in nursing full-time: 25%, part-time.

37% have a bachelor's degree; 25%, RN diploma; and 25%, an associate degree.

All regions of the United States were represented.

...
Recruitment

* "I went to a diploma school attached to the hospital where I work, but that school is now closed because of the BSN push. Now there are fewer places in Maine where RNs can be educated, and with low pay, no wonder enrollment is dropping. When will state and national associations of nurses wake up to the real problem? When did they last work on a busy medical/surgical floor or an overcrowded ICU?"

* "Recently, I applied for a position but was turned down because I didn't have the proper initials behind my name, yet I was told I was the best for the job. The person they hired quit before she started, and so did the next person. Until our profession gets its act together on this entry-level controversy, these problems will continue to trickle down to the floor nurse."

* "We should have college-based nursing schools that give hands-on care—or have 2-year college programs, then 2-year internships in hospitals with enough qualified staff to teach the practical end of nursing."

* "Today we simply don't have enough time for weeks of orientation. We're often told, 'assign the GN one easy and one difficult patient.' But our work load is usually at least six, and maybe one of these can get out of bed or wash himself. Most are complete care—lift, hug, pull. On weekends we may have eight or more. That's the real world of nursing today."

LPNs—disenfranchised, disillusioned

Though the tide may be starting to turn again in their favor, many LPNs have been going through tough times in the last several years. Here, a few describe their problems:

* Disenfranchisement: "The nursing shortage isn't all that surprising. The trend now is to start with all RNs. This is a mistake. How many nurses who have gone to school 4 and 5 years are really going to come on a unit to give baths, feed patients, and of course enjoy the ever-present helpman?"

* "It's time for hospitals to stop and think about staffing with LPNs and nursing technicians. I have 14 years experience, but in the last 5 or more years here, the hospital has taken time from me:

  1. I can no longer hang and regulate IVs.
  2. I can no longer admit patients.
  3. I can no longer do care plans.
  4. My charting is no longer taken at face value, an RN must read and sign my charts.
  5. I'm not asking to do an RN's job. I'm only asking to do what I too have gone to school to learn."

* Lots of pressure but little incentive for education: "Since our DGN thinks that the only good nurse is an RN, all the LPNs have been urged to go back to school. But to be reimbursed only 50%, we have to work full-time, and even in a 2-year AD program, it's impossible. I tried it last year—worked 4 days (2 to 11) and went to school 3 days, which left no time for my family. I refused to go back this year because I was so exhausted. I was not reimbursed one penny for my efforts. Still, I couldn't see going back to school for only $2 more an hour as an RN."

* And from another LPN: "The nursing shortage must be overstated, so there would be more encouragement to attend RN schools. I attended LPN school and took the prerequisites for nursing school while working full-time. But now it'll be necessary to quit working to finish. I can't get any assistance. It's impossible to go to school full-time and work 40 hours. I don't qualify for grants because I'm not 18 and I worked too hard last year. Scholarships are nonexistent."

No money, no time

LPNs aren't the only ones feeling the crunch for money and time to go back to school. The theory for upgrading nursing education may look good on paper, but the practice comes down to individual people—mostly women with families—for whom the struggle is just too hard. Some comments:

* "How can a mother go back to school? The nurses I know all say the same thing: 'I just can't go right now.'"

* "The reason most of the RNs I know are diploma grads is because of money—myself, one of eight children, received a full paid scholarship to diploma program. Otherwise, I wouldn't be an RN at all. Most of us married and had children, and we just don't have the time and money."

And one more 'catch 22':

Even some nurses who work very hard to advance themselves may have to take backward steps along the way—when they move from one hospital to another, for example. This nurse told about the problem of having to start over when she changed jobs. "If I have to change hospitals as I had to last year, I go back to square one and get my recognition for my past achievements. If hospitals do this career ladder business, it should be transferable. I was treated as if I didn't know anything. When I'd been a neonatal ICU nurse on a Level III unit longer than my present ICU had been a Level III unit. Although I achieved a Level IV nurse standing within a year, I'm a good nurse, this experience shattered my self-image. If I'd been a lawyer, engineer, doctor, or architect with 7 years of top-notch experience and had transferred, I doubt I'd have had to start from the bottom again."

A final overview

Our poll on the shortage did give us quite a broad picture of what's happening today—and why. We know there's some high anxiety out there, and substantial difficulty in hiring and keeping nurses. Yes, salaries may be going up, but mostly for new recruits. This has caused resentment among many veterans who still feel that they're not paid enough for what they do. Another bone of contention is the controversy within the profession over entry level. Nurses' opinions seem to be divided by whatever category they're in—LPNs, LVNs, diploma nurses, AD nurses, BSN nurses, and beyond. Those groups are like separate rail lines that frequently cross or in practice but never seem to line up in a cohesive way even though their destination is supposedly the same. Nondegree nurses resent being put down and not valued for their considerable knowledge and practical skills that make a difference on the line. Those who do go on for a degree—at great personal expense and sacrifice—feel let down. The payday..."
WOULD YOU CHOOSE NURSING AGAIN?

For our respondents, the answer to that question seemed to depend on whether they saw their gains as full, empty, or half full. Although 33% were negative, 31% were definitely positive and another 32% were somewhat positive, so they said "maybe." The disillusioned complained about several aspects of their work:

- the frustration of not being able to take care of patients completely: "I love being a nurse, but now I really don't feel as if I'm helping my patients because of lack of staff, it's discouraging."
- the lack of positive feedback and support: "However, when you make an error, your peers jump on you like piranhas."
- little respect from doctors and management: "Doctors treat you like dirt. They don't believe you when you call about your patients: you're told to put on O2 or take Vax only for yourself..." "No matter how much you do in nursing, it's never enough, there's no appreciation for your efforts."
- poor pay: "The hours and pay stick. Some days I say, 'Why me?...I could work as a grocery checker. Here nurses with BS's get $10 to $12 per hour... It almost makes me have a PhD and make less than others going into a BSN in another field..." "If we were men, our salary would be three times what it is now, with less work."
- high stress: "Stress is too great these days. "Patients want every penny of the hospital bill out of nursing staff. ... You need track shoes in the hospital."... I often cry on the way to work. It's awful. I haven't encouraged other people to enter nursing — I couldn't sleep at night if I did."
- politics: "Nurses will not put together. They're constantly arguing over who gets the entry. They're always arranging each other in the back, instead of helping each other."
- nurses will not make support groups, no one in the ANA wants to come up. They have nothing to lose the profession."

Optimists, on the other hand, seemed to focus on:

- the rewards of patient care, the satisfaction of knowing they've helped someone: "Nursing requires good feelings. "The work is hard for the money, but I take home more than a paycheck."
- the belief that changes are possible: "If we can succeed if we work together... You can make your job, what you want it to be and institute change."
- the flexibility of the job: "A very flexible career that has complemented my duties as a wife and mother."
- personal enjoyment/fulfillment: "Nursing has been very good to me. As an ED nurse, I enjoy the variety and pace... "Even though it seems like a dirty word where I work, I like what I do and can't think of anything else I'd like to do.

This attitude was particularly common among those who'd known very early that they wanted to be a nurse or those who'd come late to the profession, finally satisfying a genuine interest in the field. "It's something I've always wanted, I guess you're born with it..." "I love nursing, I became a nurse at 41... a long time dream."

- a sense of mission: "I enjoy caring for people and am very good at it. I feel I'm the voice for people who need help... "I enjoy going home knowing I've made a difference in another person's life... I will always believe in the human cause of nursing." "And in nursing's possibilities: I see great opportunities and expanded roles for nurses in the future... "Nursing allows for growth in several different areas — clinical management, and so on."
- pride in the profession: "No matter how hard or frustrating my day may be, I'll always be proud of my nursing career."

Certainly isn't what they expected. The biggest bastions of hope in these nursing leaderships case I pull this whole put together — a way that makes sense for both short-term needs and for longer-term growth of the whole profession. As for the future of nursing, you have to worry about the new graduates these days, who are being required by the Without enough orientation, they're candidates for instant burnout. And these experienced nursing colleagues have to have more fear and appreciation on the job because of them. They know that if they can't rely on their colleagues, they're in trouble.

As the chances for burnout multiply, job satisfaction goes down. In another major poll conducted by this magazine in 1978, 75% of nurse respondents said they were moderately or very satisfied with their jobs. In this poll, only 34% could say the same. In fact, 31% said they were very satisfied in 1976, only 34% said so in 1977.

Nursing leaders can't ignore this. Many nurses seemed to indicate in their letters that problems have been getting worse particularly in the last couple years. Some are internal to the profession, others are tied into the economic structure of the health care system, and still others have to do with society itself, and women's changing roles (with accompanying demands and opportunities). So the solutions won't be simple.
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What Is Contemporary Nursing?

Carol Wichman was 10 years old when she decided she wanted to be a flight nurse. She had never heard of flight nurses and didn’t know if they existed. But she knew two things: she liked to fly and she wanted to be a nurse.

Now, 32 years later, Wichman is chief flight nurse at St. Francis Hospital in Colorado Springs, Colo. What seemed to be a likely combination when she was a child has become her career.

Wichman is one of many registered nurses across the country who have decided to specialize in one field of nursing. Strictly speaking, a nurse is considered as a specialist. Wichman has at least a graduate degree. These clinical nurses and clinical nurse practitioners combine their education and experience.

Other nurses pursue their fields of interest without a graduate degree. They are drawn to certain areas that continue to provide challenges.

Just as they can choose from a number of specialties and areas of interest, some nurses choose to work in a variety of settings in addition to full-time work which attracts 68 percent of the nation’s 17 million employed registered nurses. Nurses can set up their own practices, partnerships or businesses, or work as employees of companies, teach in schools of nursing, or work in birth centers, long-term care facilities, or clinics.

Wichman went to nursing school and, in 1985, started work as a nurse on a medical surgical floor. In 1972, when she was working in the emergency room at St. Francis Hospital, the hospital started using a helicopter to transport patients. Wichman was able to fulfill her childhood dream of becoming a flight nurse.

Wichman works 12-hour shifts. She estimates that from 5 percent to 10 percent of her flights are transporting patients between health care facilities. The rest are emergencies, usually to pick up victims of car wrecks and heart attacks.

“Isn’t it a glamorous job all,” she said with a laugh. “Just when you’re out there scraping ice and snow off the helicopter and making sure you have enough supplies in case you get stranded. Or when you’re knee-deep in mud, treating a patient.”

When she isn’t flying, she is available in the hospital to assist with difficult IVs and to administer drugs in the cardiac catheterization lab.

“You get instantaneous rewards. You get to see that the treatment works or doesn’t work. I like to see the results instead of waiting two weeks.”

Faith Knox has been a psychiatric mental health nurse practitioner in Corvallis, Ore., since 1983. Knox is in private practice. She has supervision and consultation services from a psychiatrist and meets with him every other week to review the files of four to five patients.

In nursing school, she took a psychiatric nursing rotation in a state facility. At the beginning of the rotation, she decided that psychiatric nursing would be her career. A month after graduating in 1973, she went to work in a psychiatric hospital.

In her practice, Knox works four to five days a week and usually sees six patients a day. The first session with a new patient is devoted to psychological assessment that Knox uses to make a diagnosis and arrive at a treatment plan.

Nursing Salaries: Outlook for the Future.

Current nursing students will still be in the early stages of their careers when the year 2000 arrives in just 12 years. Many will continue work in nursing until 2030 and beyond. What will nursing be like in the future? What are current and prospective nursing students' future employment and career opportunities? Will there be enough jobs? What about nurses' salaries?

Questions like these can’t be answered with precision for the year 2000, let alone 2020. But some educated guesses are possible. They suggest that nursing will be an increasingly attractive profession with ample employment opportunities and earnings levels much higher than at present.

The shortage of nurses, especially of professional nurses with a baccalaureate or higher degree, will continue. The government projects that there will be 1,350,000 full-time equivalent RNs employed in the year 2000, but that the nation will need between 2,228,000 and 2,958,000 nurses then, depending on varying staffing assumptions.

This implies a massive future nurse shortage, from between half a million to more than one million RNs! Today’s nursing shortage is a minor problem in comparison. After the year 2000, requirements for nurses will continue to expand as the baby-boom generation ages. Thus, it appears virtually certain that there will be ample employment opportunities in nursing for all current and prospective nursing students throughout their careers.

A second consequence of the imbalance between the number of nurses available and the number needed in our health care delivery system will be improvements in nurses’ salaries.

Average salaries in nursing are now around $35,000. By the year 2000, average nurses’ pay should exceed $50,000 (although about 50% of the increase merely reflects future inflation). This increase will be brought about by employers’ efforts to attract enough nurse employees in a time of persistent shortage.

Planning Your Nursing Career

You will soon be starting on your career as a professional nurse. Have you been told the crucial importance of any beginning professional’s first job?

Personnel studies have shown that the way you succeed at your first job may influence at least the first seven years of your career, if not your whole career. So it behooves you to look really hard before you leap, not just to fall into something because it's convenient. Nor should you take a job on impulse, counting on your winning personality to pull you through.

Why? Because nursing is a career. The average working life of a nurse is more than 30 years.

The statistic from the last national nursing survey bear this out. Nurses tend to work until age 55 at which time the dropout rate gets pretty steep. So if you start at 30 and work until 55, you will have put in 25 years.

Even if you are a woman and you stop to have children, you won't take long these days. The two-income family in this country is now the norm, not the exception. Continued on page 3
An other nurse who missed direct patient care is Charlotte Carey, who gave up her job as head nurse.

A nurse in the emergency trauma unit at St. Mary's Hospital in Anchorage, Alaska, works out of the Waiakea Medical Center. The unit sees 120 to 130 patients a day.

The I-200 freeway is a natural area for most of the patients. In the ER are victims of bunt trauma from traffic and car accidents.

"To two days are alike," Carey said. "It's a wide range of nursing. It ranges from acute illness and injury to the walking wounded.

You get immediate feedback as an emergency nurse. Your positive or negative attitude. She said, "But you don't get any follow-up. You don't get to see how they turn out.

Carey is co-chairperson of the Minnesota Nurses Association collective bargaining unit at St. Mary's. She also speaks before groups of emergency nurses and handles seatbelt promotions.

"Nurses interested in working in an emergency room should have both a personal and a critical care background and be able to organize and get things done by setting priorities," Carey said.

Maureen Chaisson-Stewart was teaching graduate students to counsel people with addictions when she decided to enter private practice to help nurses with alcohol and drug dependency.

She is in a group with psychologists, but her practice had grown so much that two years ago she decided to open her own office. She hired two nurses and a social worker to provide therapy.

Chaisson-Stewart is founder and director of Behavioral Health Associates in Tempe, Ariz. The business provides psychotherapy and consultation services to patients, most of whom are referred by their primary care physicians. Cooper said to counseling services to patients, most of whom are referred by their primary care physicians.

"We find out what the family dynamics are. We make an effort to involve everyone -- parents, grandparents. Patients frequently come in with their husbands and kids. We show them that we are not a mystery box," she said.

Nurse midwives also need to be flexible because they are on call during their off-duty hours. When their patients are in labor, nurse midwives often spend 10 or 12 hours with them.

McHugh spends a great deal of her time at the birthing center, educating patients about birth.

"We find out what the family dynamics are. We make an effort to involve everyone -- parents, grandparents. Patients frequently come in with their husbands and kids. We show them that we are not a mystery box," she said.

When Kate McHugh graduated from the University of Pennsylvania in 1975, she decided she wanted to specialize in women's health.

"The women's movement was in full flower," she said. "I wanted to work with women. This was very clear to me in nursing school.

After graduation, she worked in a hospital, first in labor and delivery, then in the neonatal intensive care unit. After two years she left to attend graduate school to become a nurse midwife.

"I had very little intuition about my career," she said. "It was pressured as an undergraduate, but I didn't like the competitive nature. As soon as I switched to nursing, I knew what I was going to do.

McHugh now is a nurse midwife at the 6th floor, a quiet, out-of-the-way office on the sixth floor.

"This is a wonderful place to work," she said. "I've always felt like a nurse in a home-like setting.

The center is one block from a hospital, which is a general hospital. Most patients who need to be transferred are not emergencies, McHugh said, but rather have been in labor for hours without making progress.

Although René Clark, a professor of pediatric nursing at the University of Kansas Medical Center in Kansas City, Kan., continues her clinical practice.

Earlier this year, Clark and two physicians developed the Children's Lipid Clinic at the medical center. The clinic is for children with abnormalities in the lipid component of their body's blood.

Lipid changes are discouraged for children with obesity, abnormalities in the lipid component of their body's blood.

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Nurse midwives also need to be flexible because they are on call during their off-duty hours. When their patients are in labor, nurse midwives often spend 10 to 12 hours with them.

McHugh is in the minority of midwives because she works at a birthing center, she said. "Most work in hospitals.

A physician provides consultation but "I own my own care," she said. "I make decisions and the buck stops here.

"If I have to work with women. This was very clear to me in nursing school.

After graduation, she worked in a hospital, first in labor and delivery, then in the neonatal intensive care unit. After two years she left to attend graduate school to become a nurse midwife.

"I had very little intuition about my career," she said. "It was pressured as an undergraduate, but I didn't like the competitive nature. As soon as I switched to nursing, I knew what I was going to do.

McHugh now is a nurse midwife at the 6th floor, a quiet, out-of-the-way office on the sixth floor.

"This is a wonderful place to work," she said. "I've always felt like a nurse in a home-like setting.

The center is one block from a hospital, which is a general hospital. Most patients who need to be transferred are not emergencies, McHugh said, but rather have been in labor for hours without making progress.

Although René Clark, a professor of pediatric nursing at the University of Kansas Medical Center in Kansas City, Kan., continues her clinical practice.

Earlier this year, Clark and two physicians developed the Children's Lipid Clinic at the medical center. The clinic is for children with abnormalities in the lipid component of their body's blood.

"We find out what the family dynamics are. We make an effort to involve everyone -- parents, grandparents. Patients frequently come in with their husbands and kids. We show them that we are not a mystery box," she said.

Nurse midwives also need to be flexible because they are on call during their off-duty hours. When their patients are in labor, nurse midwives often spend 10 to 12 hours with them.

McHugh is in the minority of midwives because she works at a birthing center, she said. "Most work in hospitals.

A physician provides consultation but "I own my own care," she said. "I make decisions and the buck stops here.

"If I have to work with women. This was very clear to me in nursing school.

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Protecting Your Own Welfare

Today, nurses have unlimited career opportunities. New and exciting nursing roles continue to emerge in a variety of settings. Moreover, the current shortage of qualified nurses in hospitals is prompting many employers to offer more competitive salaries and fringe benefits in an effort to attract qualified nurses. Whether you are entering the job market or wishing to change jobs, you should carefully evaluate potential employment opportunities.

Delineating Employment Expectations
Prior to seeking employment, it is important to set career goals. Employment opportunities should be evaluated within the context of career development.

Amend your professional and personal skills and interests. Consider the compatibility of these skills and interests with various nursing roles and functions. Identify any need for professional and personal growth and development.

Delimit your most important tasks and conditions of employment. Set intermediate and long-term career goals. Strategically review each of these steps. Make the necessary changes to maintain a current perspective on how your career is progressing.

Selecting an Employer
Nurses have the opportunity to practice in many settings. Aside from the obvious categories of employers (public or private, for profit or not-for-profit), there are several additional distinctions.

Recently, there has been a significant growth in health maintenance organizations, preferred provider organizations, free-standing ambulance surgery centers, and free-standing emergency centers. Nurses function in a variety of nursing roles in these alternative delivery systems.

Nurses also are discovering new career opportunities with managed care companies. These companies sell a broad range of services to insurers, employers, and third-party administrators to help them determine where, when, and how patients should receive health care services. Nurses are needed to function as members of case management teams.

If you are a nurse, you are taking advantage of these and other opportunities. The vast majority of nurses work in hospitals. In light of increasing competition, many hospitals have jointed forces through mergers, acquisitions, joint ventures, service contracts and other arrangements.

Does the employer have a mission statement?
Hospital management is being encouraged to engage in "strategic thinking"—to target a clientele and delineate a range of needed services and market those services to the targeted audience. Study the hospital's mission statement. Try to secure as much information as possible about long and short-range goals, range of services and marketing philosophy. This information will provide a general indication of how financial resources, staff and space are being used and will continue to be used.

Are nurses covered by a collective bargaining agreement?
While union membership or another private sector industries continues to drop, union membership among health care workers is rising. The vast majority of registered nurses are represented by state nurses associations (SNAs). Twenty-seven SNAs serve as bargaining agents for over 130,000 registered nurses. Over the past 40 years, SNAs have made significant improvements in salaries and fringe benefits and effectively addressed professional issues through collective bargaining agreements.

If you are represented by an organization other than an SNA, consider the issues and questions. Is the union committed to the goal of service to which nurses subscribe? How many different groups of nurses does the union represent? Can the union adequately understand...

Continued on page 4
and represent the unique needs of nurses? How much do individual nurses exercise bargaining and union activity?

What are the staffing arrangements? Job burnout frequently results from the stress of functioning in a situation where there is not adequate staff or staff is inadequately utilized. Determine if arrangements are based on a patient classification system. Find out how many patients are likely to be assigned to the care of one nurse. Measure about the number of registered nurses and support staff assigned to your area. Clarify what shift you would work and whether or not your assignment would be permanent.

What are the salary options? It is natural to be interested in the starting salary. It is, however, important to look beyond this initial pay. There should be a salary range with periodic incremental increases. Determine what you may anticipate in the way of salary increases. Find out if these increases are granted automatically or on a merit basis. If increases are based on merit, determine if there are clearly defined standards of performance upon which merit increases are awarded.

What are the fringe benefits? Determine what type of insurance coverage is offered and whether or not the employer pays all or part of the premiums. Find out what type of pension and/or retirement plan opportunities have been set up. Inquire about insurance, tuition reimbursement, employee assistance programs and other special services such as the availability of child care services.

What are the general working conditions? There is a direct correlation between working conditions and the ability of employees to provide quality services. Look for job description in development of various policies and procedures and other decisions affecting delivery of nursing care. Assess the condition of the facility and the availability of equipment and support services.

Responses to these and related questions will help you with the necessary information to make a thoughtful decision about various employment opportunities.

As you take the necessary steps to become well informed about the job market, you should also be aware of employment protections under the law. Familiarize yourself with the rights and protections afforded employees through state and federal statutes and regulations.

The economic and employment interests of nurses have always been key concerns of ANA and its constituent associations. Through bargaining, advocacy, litigation, lobbying and information sharing, the goal is to seek to protect the economic and general welfare of nurses. The nature and scope of the economic and general welfare program in any given state is determined by the state association. Specific information on state program activities is available from each SNA.

What are the fringe benefits? Employers may offer a broad range of fringe benefits. Determine what type of insurance coverage is offered and whether or not the employer pays all or part of the premiums. Find out what type of pension and/or retirement plan opportunities have been set up. Inquire about insurance, tuition reimbursement, employee assistance programs and other special services such as the availability of child care services.
continued

Today, 48 percent of the women in this country who have a child one year or younger are working. The government's latest national survey of nurses in 1984 showed that nearly 80 percent of all nurses were working.

If you are a woman, your family's or your children's future security and your own career goals may consider nursing as a wise step. If you have children, then you may think that it's a matter of what you want to do when you're out of work or what you do when you're staying home. But even if you are staying home, it might be a good idea for you to consider a part-time or full-time job in a hospital or nursing home.

There are many things to consider when you're deciding what kind of work you want to do. Will you be working full-time or part-time? Will you be working in a hospital or nursing home? Will you be working with children or with adults? Will you be working with people or with machines?

You should also think about the kind of training you'll need. Will you need to go to a nursing school or to a hospital? Will you need to take courses in anatomy and physiology? Will you need to take courses in nutrition and dietetics? Will you need to take courses in psychology and sociology?

You should also consider the kind of work you'll be doing. Will you be working with patients who are ill? Will you be working with patients who are healthy? Will you be working with patients who are elderly? Will you be working with patients who are children?

You should also consider the kind of salary you'll be making. Will you be making a good salary? Will you be making a bad salary? Will you be making a salary that will allow you to support your family?

You should also consider the kind of insurance you'll be getting. Will you be getting health insurance? Will you be getting dental insurance? Will you be getting life insurance?

You should also consider the kind of benefits you'll be getting. Will you be getting sick leave? Will you be getting vacation time? Will you be getting retirement benefits?

You should also consider the kind of atmosphere you'll be working in. Will you be working in a clean, modern hospital? Will you be working in a run-down, old hospital? Will you be working in a hospital that's located in a pleasant area?

You should also consider the kind of people you'll be working with. Will you be working with friendly, understanding people? Will you be working with people who are rude and uncooperative?

You should also consider the kind of challenges you'll be facing. Will you be facing difficult medical problems? Will you be facing challenging personal problems?

You should also consider the kind of growth opportunities you'll have. Will you be able to advance to higher positions? Will you be able to go into management?

You should also consider the kind of security you'll have. Will you have a job that will last for a long time? Will you have a job that will last only a short time?

You should also consider the kind of work experience you'll have. Will you have work experience in a hospital or nursing home? Will you have work experience in a retirement home or in a home for the elderly?

You should also consider the kind of work experience you'll have in a hospital or nursing home. Will you have experience in the operating room? Will you have experience in the emergency room? Will you have experience in the intensive care unit?

You should also consider the kind of work experience you'll have in a hospital or nursing home. Will you have experience in a hospital or nursing home that is certified by the Joint Commission on Accreditation of Healthcare Organizations? Will you have experience in a hospital or nursing home that is not certified by the Joint Commission on Accreditation of Healthcare Organizations?

You should also consider the kind of work experience you'll have in a hospital or nursing home. Will you have work experience in a hospital or nursing home that is located in a rural area? Will you have work experience in a hospital or nursing home that is located in an urban area?

You should also consider the kind of work experience you'll have in a hospital or nursing home. Will you have work experience in a hospital or nursing home that is located in a city? Will you have work experience in a hospital or nursing home that is located in a small town?
 Listing: Where to Find Information on Careers in Nursing

The following institutions, states, and organizations are listed under each category. Contact them for more information, literature, and other resources.

- American Nurses' Association
- State and National Nurse Associations
- Regional or Local Nurse Associations
- Nursing Education Programs
- Colleges and Universities
- Hospitals and Health Systems
- Government and Healthcare Agencies
- Professional Organizations
- Industry and Business Groups
- Community and Service Organizations

For more information, please visit the American Nurses' Association website at www.nursingworld.org.

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Arkansas State Nurses' Association
112 South College Drive
Little Rock, AR 72205
(501) 664-9313

California Nurses Association
797 Eighth Street, Suite 200
San Francisco, CA 94103
(415) 956-2100

Colorado Nurses Association
4550 Englewood Avenue
Denver, CO 80210
(303) 831-2789

Connecticut Nurses Association
160 Winter Street
Middletown, CT 06457
(860) 378-1280

Delaware Nurses Association
444 Capitol Avenue
Wilmington, DE 19803
(302) 658-2353

District of Columbia Nurses' Association
5000 Wisconsin Ave., N.W., Suite 312
Washington, D.C. 20016
(202) 244-2309

Florida Nurses Association
1211 East Orange St.
Orlando, FL 32801
(407) 350-6262

Georgia Nurses Association
700 Peachtree St., Suite 1200
Atlanta, GA 30309
(404) 287-0123

Guam Nurses Association
PO Box 272
Agana, Guam 96910

Hawaii Nurses Association
517 Paikana Blvd., Suite 601
Honolulu, HI 96813
(808) 734-1268

Idaho Nurses Association
418 North 2nd Street
Spokane, WA 99201
(509) 455-0105

Illinois Nurses Association
35 North State Street, Suite 300
Chicago, IL 60602
(312) 238-9300

Indiana State Nurses Association
335 South High School Road
Tipp City, IN 47460
(317) 233-0158

Iowa Nurses Association
500 East Morningside Drive
Des Moines, IA 50319
(515) 284-3500

Kentucky Nurses Association
113 South Third Street
Lexington, KY 40507
(502) 258-2444

Louisiana State Nurses Association
1401 St. Charles Avenue
New Orleans, LA 70116
(504) 589-5300

Maine State Nurses Association
9 Mingus Street
Portland, ME 04101
(207) 774-7010

Massachusetts Nurses Association
Center for Nursing Excellence
70 Franklin Street
Boston, MA 02110
(617) 226-8000/800-624-9000

Michigan Nurses Association
372 Sporting Ave.
Canton, MI 48107
(734) 371-1843

Minnesota Nurses Association
3401 University Ave., Suite 375
St. Paul, MN 55104
(651) 694-4800

Mississippi Nurses Association
Contact: Alma Black
1724 Shurman St.
Biloxi, MS 39531
(228) 467-2050

Montana Nurses Association
317 Cameron
Helena, MT 59601
(406) 444-9261

Nebraska Nurses Association
6432 S. 20th Street
Lincoln, NE 68505
(402) 472-5353

Nevada Nurses Association
6030 Ravine Lane, Suite 301
Las Vegas, NV 89134
(702) 428-7272

New Hampshire Nurses Association
69 North St.
Concord, NH 03301
(603) 271-3101

New Jersey State Nurses Association
77 East Main Street
Freehold, NJ 07728
(732) 462-6804

New Mexico Nurses Association
3141 Pebble N. N., Suite 100
Albuquerque, NM 87109
(505) 248-7744

New York State Nurses Association
181 Madison Avenue
New York, NY 10016
(212) 757-2000

North Carolina Nurses Association
720 West Tryon St.
Raleigh, NC 27601
(919) 821-4120

North Dakota Nurses Association
19 North Dakota Street
Bismarck, ND 58501
(701) 223-1365

Ohio Nurses Association
420 East Main Street
Columbus, OH 43215
(614) 469-2024

Oklahoma Nurses Association
6430 North Broadway, Suite 400
Oklahoma City, OK 73116
(405) 232-8100

Rhode Island Nurses Association
4775 W. Capitol Avenue, Suite 200
Providence, RI 02919
(401) 273-0051

South Carolina Nurses Association
1100 Main Street
Columbia, SC 29201
(803) 734-4591

South Dakota Nurses Association
2300 South Dakota Street
Sioux Falls, SD 57195
(605) 368-2660

Tennessee Nurses Association
1120 West End Building, Suite 410
Nashville, TN 37203
(615) 252-2511

Texas Nurses Association
11203 Wood Mill Blvd., Suite 107
Fort Worth, TX 76116
(817) 242-6364

Utah Nurses Association
1584 East NE Mall
Salt Lake City, UT 84103
(801) 292-2343

Vermont State Nurses Association
150 Forrest Ave.
Burlington, VT 05401
(802) 864-3340

Virginia Nurses Association
1134 N. Anne Street
Richmond, VA 23220
(804) 328-9123

Washington State Nurses Association
CONTACT: Brian Web
82 South Western Avenue, Suite 600
Renton, WA 98055
(425) 622-2913

West Virginia Nurses Association
WV Nurse's Association
515 Market Street
Canonsburg, WV 26003
(304) 565-4670

Wyoming Nurses Association
P.O. Box 98
Cheyenne, WY 82001

Other Resources
- American Hospital Association
- American Nurses Association
- Council of State Boards of Nursing
- National League for Nursing
- National Organization for Women

#132

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Writing A Resume

A resume is the vehicle by which you "deliver" yourself to a potential employer. It should showcase your duties, responsibilities, and achievements, and create a positive impression. It is the first step when you want to move you to a job interview. A cover letter should accompany your resume.

Cover Letter

Format

1. A formal appearance is important; make sure your original appearance is reflected in your typed copy. Use a good quality printer, with enough spacing for easy readability. No doubt there are no typos or grammatical errors.

2. Use a personalized salutation. Take the time to type in the name of the person to whom you are writing and tailor the content for a particular position and agency.

3. Be sure that your writing is organized for clarity. Use action verbs and use a positive, courteous tone. State important information clearly, make the intent of the letter clear and don't be verbose.

Content

Generally, three paragraphs are needed to cover the necessary details:

The opening paragraph states clearly the purpose of the letter request. State objectives assertively. This paragraph is the place to state your educational preparation, where you reside, if you are planning to relocate and any other factual information that you want to communicate.

In the middle paragraph share specific facts, experiences and/or skills which make you a desirable candidate for the position. Be brief. More information will be supplied in the resume. Avoid the use of personal pronouns.

In the closing paragraph include the dates for availability of employment along with dates and times you are available for the interview. Clearly state who will make the next contact as well as when and how you can be reached.

Generally, an entry level resume and/or first professional application can be well crafted in one page. If your resume runs over two pages, sufficient editing has probably not been done. Make resume length appropriate for your level of education and experience.

Format

1. Make the overall layout and spacing of your resume appealing and easy to read. Style (headings, indentations, underlinings, etc.) should be consistent throughout.

2. Make progression of your work history move from most current work experiences to earlier experiences. Focus on experiences which qualify you for the position being sought.

3. Use a positive tone, no personal pronouns, and be certain that no errors in spelling, typography or grammar appear on your resume.

Content

1. Include a career objective statement, make sure that it is clear, concise, and effective.

2. Include temporary and permanent addresses and phone numbers.

3. The educational section highlights your academic background. Include the name of your high school or college.

4. Make the content relevant, consistent and honest. Don't include negative information.

—Sharon Bradshaw, PhD, RN, senior staff specialist, Health Systems, ANA Division of House, Board, and Cabinet Affairs.

ANA Councils: A National Network for Nurses in Specialty Practice

ANA councils enable nurses who share a specific professional interest to make a difference in their personal range of career possibilities and in the profession as a whole.

By actively participating at the national level, affiliates of the 12 councils are helping to create a competitive edge in two key areas: increasing their interpersonal power and expanding their knowledge and information base.

Increasing Interpersonal Power

Through personal contact with other professionals — including leaders and innovators — affiliates have an opportunity to know and become known to others in a national forum. To a potential employer, this involvement translates as commitment and professionalism.

Council affiliates gain firsthand information on when and where to submit resumes for consideration for appointment to national advisory panels or committees. By being a part of a well-recognized pool of resources in a particular area of nursing, some councils have been called on to testify before congressional committees dealing with specific nursing issues and concerns.

ANA members who affiliate with a national council in a specialty area gain the collegiality and camaraderie of those who share similar issues. Affiliates gain in mentoring opportunities, benefiting and growing from the advice of others as well as serving as a mentor to inspire other nurses.

Network through the Council on Gerontological Nursing is a clear benefit for career advancement. Affiliates interact with those who may be role models and mentors, and job opportunities develop from this interaction.

—Susan Noble Walker, EdD, RN, Chairperson, Council on Gerontological Nursing

Expanding Knowledge Base and Professional Power

The goals and issues important to nursing practice are extensive, as is the knowledge base needed to deal with these issues. An increasing number of ANA councils provide a means for affiliates to add to their own knowledge base and to contribute to the growth of the knowledge base of a specialty area.

This is accomplished through affiliate involvement in development and review of standards, preparation and review of position statements on key issues and input in the area of certification. By working in these areas, affiliates make a substantial contribution toward increasing the knowledge base of the profession.

Affiliates of each ANA council receive a quarterly newsletter which helps keep them on track with the latest issues and trends in their particular area of practice. Through the newsletter, affiliates also can discuss their ideas and experiences.

Each of the councils meets to discuss issues related to nurses and to the profession in an effort to identify and develop new ideas and creative solutions. Issues and activities are often reported to the appropriate NIH council or to the ANA's Board of Directors.

—Susan Noble Walker, EdD, RN, Chairperson, Council on Gerontological Nursing

For more information about joining an ANA council, contact Marketing, American Nurses' Association, 2520 Plunkett Rd., Kansas City, MO 64108, or call toll free (800) 821-9834 weekdays, 8-30 a.m. to 4:30 p.m. Central Time.

—Elaine Hollenbeck, staff specialist, communications, ANA Nursing Practice Programs and Council Services.

Councils of the American Nurses' Association

Why Join?

Nurses all across the country ask, "Why should I join my state nurses association? The truth is, every one of us benefits from the same strength in numbers." And that's the way it is. All of us want to get something for our money.

Those members who are totally committed and involved in the business of the association sometimes find it difficult to articulate the many reasons why nurses need to belong to their state nurses associations (SNA's). They have become so accustomed to paying their dues, volunteering their time, energy and expertise and, in many cases, paying their own expense to work for the association that they cannot any longer think about why they do it.

I am going to tell you what you should ask these who ask, "Why should I join?" Invest in the Future

First of all, I explain to them that their dues money is an investment - an investment in their profession and in their future. I tell them that in order to ensure that there will be a strong voice for nurses in the political arena, there must be nurses who can work to protect the profession of nursing and in order to pay the mortgage, buy equipment and supplies to run an office and provide for maintenance of the building, there must be money to pay the bills.

It may be hard for some of us to believe, but it does make sense for prospective members who have not stopped to make sure their dues money actually gets spent. They are not aware of what a "dues dependent" organization is until they pay their dues. Therefore, I try to address the very practical aspects first. For example, the cost of one issue of an SNA newsletter may be around $1,000, or more, to provide the informational, educational, or entertainment services that members find useful.

Veteran members may also be able to obtain discounts on products through special deals with many national companies, such as Best Buy, Office Depot, and Converse.

1/2 Price Offer

My graduating nursing student who owns their signature association within six months of graduation receives a 50% discount on the first year of membership! Take your pick:

- Be a part of an organization that promotes national, local, and state nursing legislation and regulations through national, state, and local committees.
- Network with other nurses through local, state, and national organizations and receive newsletters, discounts on products, and access to the nursing community.
- Receive information on the many benefits available to SNA members, such as discounts on educational materials and professional development opportunities.

To determine your dues rate, contact your state nurses association listed on page 1.

Application for Membership in a Constituent Association That Is a Member of the American Nurses' Association

Full Name_________
Date of Birth______
Address___________
City___________State______Zip Code_____Telephone Number__________

Authorization to Collectdues

I authorize the State Nurses Association to collect my dues in the amount of $________. I understand that non-payment of dues will result in the termination of my membership. If I fail to pay my dues within 30 days of the due date, I will be charged a late fee of $10.00.

Signature___________
Date______________

Commitment

I understand the importance of a commitment to the profession of nursing. It is my responsibility and the responsibility of every member to understand the importance of our profession and the value of our membership. I understand that if I fail to pay my dues for two consecutive years, my membership will be suspended and my membership reinstated.

Your SNA Needs You

I tell them that they need nurses who care about their profession and who are willing to work to make a difference in the health care system. They need nurses who are committed to the profession and who are willing to fight for the rights of nurses. They need nurses who are willing to give back to their profession and who are willing to work together to improve the health care system.


SNA's are not just for nurses, they are for nurses who want to make a difference in the health care system. They are for nurses who care about their profession and who are willing to work to make a difference in the health care system. They are for nurses who are committed to the profession and who are willing to fight for the rights of nurses. They are for nurses who are willing to give back to their profession and who are willing to work together to improve the health care system.

Your SNA Needs You.

SNA's are for nurses who care about their profession and who are willing to work to make a difference in the health care system. They are for nurses who understand the importance of our profession and the value of our membership. They are for nurses who understand that our profession is stronger when we work together to improve the health care system.

Launch Your Career

with membership in the
New York State Nurses Association

Nursing is a challenging career. It requires hard work and a serious professional commitment. Nursing means taking responsibility for your own competence and for the profession as a whole. Both take time and effort. But, as you can well imagine, both are necessary for your professional growth.

We believe the first step in a professional commitment is membership in your professional association. With NYSNA, the largest association of registered professional nurses in New York State, you will have the exciting opportunity to join forces with your colleagues... people like you who have made the professional commitment to nursing practice.

Contact the NYSNA Membership Department for materials.
(518) 456-5371  2113 Western Avenue, Guilderland, NY 12084