Social Policy; Series II; File 103

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ATTACHMENT II

AMERICAN NURSES’ ASSOCIATION

Report to the Cabinet on Nursing Practice from the Task Force on Implementation of Nursing: A Social Policy Statement

January 1984

Members:
Norma Lang, Ph.D., R.N., F.A.A.N., chairperson
Kathryn Barnard, Ph.D., R.N., F.A.A.N.
Hildegard Peplau, Ed.D., R.N., F.A.A.N.
Maria Phaneuf, M.A., R.N., F.A.A.N.
Jean Steel, M.S., R.N., C.

Meetings:
December 7, 1981
September 25-26, 1982
November 30-December 1, 1983

I. Introduction

The Task Force on Implementation of Nursing: A Social Policy Statement was appointed by the Congress for Nursing Practice in December 1981 and was charged with the responsibility of monitoring the dissemination of the publication and developing strategies for Implementation of the statement. The following report finalizes the work of the task force and thus focuses on recommendations for further implementing activities to be undertaken by the American Nurses’ Association. A brief review of progress to date in dissemination and interpretation of the statement is also provided. Please note that the recommendations do not include plans for revision of the document. Rather, the task force proposes that the document be maintained as a 1980 publication of the association and that ANA begin to plan for a second statement on nursing. The task force suggests that a committee be convened in 1992 to begin preparation of the document for publication in 1996, the centennial anniversary of the American Nurses’ Association.

II. Progress to Date

Dissemination

Reports from the Marketing Department of the American Nurses’ Association on distribution of the document and related media material revealed the following:
One objective measure of the degree of dissemination is the amount and type of feedback received by the task force. The literature has increasingly revealed attention to the social policy statement, including critical analysis and application in research. Letters to the task force also reveal increasing depth of understanding and may be an indication of greater numbers of nurses able to interpret the statement.

**Implementation**

The task force is aware of and compliments ANA organizational units on activities already under way. Many of these activities are continuing efforts in the investigation of nursing phenomena and clarification of the core of nursing knowledge and practice.

Considerable activity has occurred under the direction of the executive committees of the divisions and councils. The divisions, as a result of the 1982 bylaws which require that they become councils at the close of the 1984 House of Delegates, have undertaken an assessment of their area of practice and the council's potential purpose and goals. The self-assessment has led to increased discussion of the phenomena of concern in areas of practice, i.e. the basic responses which nurses diagnose and treat.

Divisions and councils have also used phenomena of concern as the conceptual framework in the development or revision of standards of practice and in defining the scope of practice and requirements for clinical specialist certification. The characteristics of specialization described in the statement have also provided the direction for recommendations on certification by the Cabinet on Nursing Practice.

Another major ANA activity is the work of the Steering Committee on the Classifications of Phenomena of Nursing Practice, appointed in 1982. The committee is defining association policy around classifications and developing a blueprint for the profession's development of classifications, including whatever collaborative relationship and education is necessary to reach that goal.

The task force is also aware that the statement is being used by schools of nursing in planning curricula and by nurse researchers. These activities, along with consideration of the phenomena of concern by organized nursing services in care planning and development of computer systems, compose notable progress.

**III. Goals of Implementing Activities**

A basic premise of the authors of the statement is that the responsibility for safeguarding the authority of nurses in the public interest rests with the profession. Accordingly, some ideas and concepts that guided the development of the social policy statement are as follows:
1. Nursing arises out of the society it serves and is supported by it, and is therefore accountable to that society. 
2. Nursing is defined as the diagnosis and treatment of human responses to actual or potential health problems. 
3. The statement provides a framework for examination and continuing development of intra- and interdisciplinary relationships. 
4. The self-regulation of the nursing profession entails internal controls of such excellence as to minimize the need for external controls. 
5. Professionally determined mechanisms for assurance of the quality of nursing practice are an essential part of professional self-regulation. 
6. Nurses identified as specialists must have an earned graduate degree and be eligible for certification. 
7. Research is essential to nursing as a profession and as an emerging science. 
8. Nursing impacts on technology as it combines humanitarian theory with scientific knowledge. 
9. Nursing is responsible for leadership toward redistribution of health care resources for the provision of an adequate quantity of care achieved at the lowest cost compatible with quality. 

The social policy statement has a very high potential for serving to unify nursing around a shared, common guiding framework for the practice of nursing. It should also serve to clarify and enhance the distinctiveness of what nurses do as compared to the work of other health workers. The task force envisions that as the social policy statement is fully implemented, nursing will hasten its evolution, particularly in the following directions: 

The Steering Committee on Classifications of Phenomena of Nursing Practice should by 1986 have identified a useful beginning list of phenomena of concern to nurses, from which a common core of nursing phenomena representing the most common, recurring, most frequently seen phenomena can be drawn. 

The foregoing preliminary core should begin significantly to influence basic and graduate education, service (including practice), and research in the following ways: 

1. Curricula in basic schools of nursing should begin to focus more intensely on theory and practice related to nursing phenomena, developing in students a high degree of sophistication in observation, assessment, theory, application, and intervention related to nursing phenomena. 
2. Graduate programs should be involving many more of their students in clinical investigations—empirical and controlled research—related to developing further clarification and understanding of particular phenomena in nursing's domain as well as generating interest in clinical research and beginning research competencies. 
3. It can be expected that more nurse researchers than at present would begin a long-term interest in research of a particular nursing phenomena—the profession seeking to obtain financial support for such long-term investigations. Such studies should lead to nursing theories as well as result in well-tested nursing intervention pertaining to nursing phenomena. 

By the year 2000, the largest changes should be visible in nursing service. The distinctiveness of nursing practice by professional nurses should be more self-evident, and their role in giving direction to less than professional nurses should be clearer than at this time. Professional nurses should be demonstrating greater sophistication in practice related to nursing phenomena and should be practicing with greater confidence in the unifying framework provided by the social policy statement developed in education and in nursing research, which will be reflected in the competency of professional nurses. 

It may be necessary for the organization of nursing services to be reordered to provide for supervisory review of newly graduated professional nurses by experienced ones in relation to practice to also provide for clinical discussion by professional nurses through various formal staff arrangements. 

Goal 1: Definition of nursing as an explanatory theory of nursing practice. 

Rationale

Nursing is primarily an applied science, a practice discipline. The theoretical base of nursing is partially self-generated through nursing practice and research, and partially drawn from other fields. 

One way of defining theory is that it is a set of interconnected propositions that have the same referent. "Referent" means the subject of the theory. 

A theory can be: 

1. Explanatory—Explains events by setting forth propositions from which these events may be inferred.

Page 6

2. Predictive—Sets forth propositions from which inference of future events can be made.

3. Control—Describes the conditions under which events of a certain kind can be made to occur.

Every theory requires evaluation against seven criteria: 1) generality, 2) relevance, 3) consistency, 4) completeness, 5) testability, 6) centrality, and 7) simplicity.

As a minimal current requirement, a definition of nursing should stipulate an explanatory theory of nursing practice. Definition of nursing as "the diagnosis and treatment of human responses to actual or potential health problems" meets the criteria for explanatory theory.

Implications for Implementing Strategies Related to Goal 1

The definition provides a theoretical framework for nursing education curricula. It underscores the importance of nursing research focused on the phenomena of concern in practice, which are the human responses to actual or potential health problems. For nursing service administration and staff in all settings, it underscores the importance of personalization in patient care through intensified emphasis on nursing diagnoses and related treatment of human responses. This emphasis entails maximum supports for clinical practice from nursing administration, education, and research.

Goal 2: Promotion of unity in nursing in a basic and common approach to practice.

Rationale

In its evolution, nursing has to a degree sacrificed traditional unity. Present diversity is due to increasing complexity and potentials in practice and in health care; related need for baccalaureate education as preparation for entry into professional practice; increase in the number of nurses prepared through earned masters and doctoral degrees; specialization with professional certification; research that yields new knowledge, new applications of existing knowledge, and theories; and development of nursing theory as the foundation for practice.

Presently, there is a wide diversity among nurses in practice—generalists; generalists who concentrate their practice in specialized areas; qualified specialists in nursing practice; and nurses who are evincing interest in clinical areas which may or may not develop into recognized specialists. The augmented variety of settings in which nursing can now be practiced reflects and further adds to the diversification.


Page 7

There are also various groups of nurses who have sought and obtained categorical identification through nurse practice acts for recognition in relation to payment mechanisms and authorization to perform medical acts.4

Up to a point, diversity is a constructive response to social change and increased professional capabilities. The diverse groups in nursing, however, must remind themselves or be reminded of their common mission, roots, and responsibilities. The sometimes contentious groups within nursing can be compared to tribes within a species. Tribes that deny the species do so at their peril, the denial impairs the evolution of the species.

All groups are moved by their own purposes. For them and for the profession Gardner5 provides useful advice:

Just as excessive individual pride must be tempered by the larger contests in which our strivings occur, so a compulsive sense of purpose must be curbed . . . There is a time to seize and a time to loosen one's grasp, a time for effort and a time for repose . . . Purpose is a consequence of biological vitality, but purposefulness without limits can destroy. The moment comes when the strivings must let up, when wisdom says, "be quiet."

Nursing needs to achieve a new unit, as a part of the continuous self-renewal without which individuals, institutions, and organizations decay.6 Nursing is "a living, changing thing, liable to decay and disintegration as well as to revitalizing and re-organization."7

Implications for Implementing Strategies Related to Goal 2

Unity in nursing can best be promoted by emphasis on intradisciplinary collaboration within and between practice, education, and research. Collaboration means true partnerships in which the powers of the participants are valued, with recognition and acceptance of separate and combined spheres of activity and responsibility. With mutual safeguarding of legitimate particular interests; and a centering commonality of professional mission that is recognized and supported.

Emphasis on intradisciplinary collaboration could lead to collegiality that transcends the differences between nurses whether these be differences in clinical interests or differences in professional preparation responsibilities, rank, status, career focus, or the settings in which nursing is practiced. Collegiality—the sharing of responsibility and authority within the profession—is an attitude about individual and group nursing relationships:
Collectivity in nursing is exemplified by the delineation of the nature and scope of practice and the characteristics of specialization presented in *Nursing: A Social Policy Statement.*

Implementation of the statement requires, above all else, its use by individuals and groups for the purpose of achieving a contemporary perspective on their own practices in the context of the present totality of nursing practice, with a view to promoting unity in a basic and common approach to practice and its future directions.
IV. Recommendations

A. Strategies related to further dissemination of the document

1. That all new officials of the American Nurses' Association be oriented to the social policy statement through discussion as well as receipt of the publication.
2. That a "pocket" version of the social policy statement be developed and disseminated at cost or free, as is the Code for Nurses.
3. That a revised script for the slides be developed to prevent "canned" presentations.
4. That a tape be prepared on common questions and answers about the statement, including:

   Why is the statement called a social policy?
   Why does society own the profession?
   What is a human response?
   Is an actual or potential health problem a disease?
   Why does the statement not include a discussion of nurse practitioners?
   Is a human response a nursing diagnosis?
5. That AHA-based experts be developed to serve as resources for states or regions.

B. Strategies related to nursing education

1. That graduate nursing programs be reviewed relative to "splintering" of clinical areas for which specialty preparation is provided by universities.
2. That faculties be encouraged to:

   1) use pp. 10-11 of statement as a tool for evaluation of papers or studies,
   2) assure that every student has a copy of the statement, 3) participate in and promote the listing of common, recurring human responses seen in nursing practice, the related scientific knowledge and interventions for each human response, and 4) begin to design curricula according to classification of nursing practice phenomena
3. That graduate programs for specialists in nursing practice title the program accordingly

C. Strategies related to promoting professional issues in economic and general welfare programs

That AHA promotes systematic collaboration with local unit leaders on use of the social policy statement as a tool to:

1. Help practicing nurses understand nursing,
2. Assure that autonomy of function and independence of nursing judgment on nursing matters are not compromised in contract negotiation, and
3. Recognize that standards are defined by the profession to protect the profession in the course of its public service and therefore are not negotiable.

D. Strategies related to promoting credentialing by the profession

1. That the process for implementing the baccalaureate as the requirement for entry into professional nursing be implemented through internal rather than external control mechanisms
2. That AHA certify nurses as generalists in professional nursing practice, based on validation of graduation from a baccalaureate program in nursing
3. That mandatory continuing education be discontinued and replaced with an AHA-developed model law stating that the state board of nursing will honor AHA's list of recognized offerings and programs
4. That AHA publish separate directories of certified specialists and certified generalists
5. That specialist certification programs be developed as expeditiously as possible
6. That accreditation criteria be examined and revised, as needed for consistency with the statement.
7. That a position paper be developed on internal controls of professional nursing practice
8. That nurse practice acts be examined relative to consistency with the definition of nursing.

E. Strategies relating to management of nursing practice

That nurse administrators promote the:
1. Identification of phenomena of concern in practice areas
2. Use of computerized retrieval in tracking nursing phenomena
3. Use of specialists in nursing.

F. Strategies related to research and defining the core of nursing

1. That a beginning classification of phenomena of nursing be used to identify the common recurring phenomena which are at the core of nursing practice
2. That nursing phenomena be tracked in all basic and applied science literature by the use of key words for computerized retrieval
3. That a demonstration of the definition of nursing formalizing a long-range trend be conducted by a review of books, journals and dissertations from 1930-1980 regarding "human responses" nurses have already addressed
4. That ANA practice units continue to identify phenomena of concern in their area.

G. Strategies related to continued monitoring and evaluation

1. That an annual report to the members be prepared by the Cabinet on Nursing Practice with assistance as needed from members of the task force. This report would assess the dissemination of the document, the actions taken on the above recommendations, and other progress toward meeting the ideas and concepts in the statement.
2. That ANA publish in 1985 a compilation of critiques, further explanatory notes and general uses of the statement since its publication and that consideration be given to additional such publications as warranted by need or progress.

References

7. Ibid., 137.
10. Ibid., 138-142.
11. Ibid., 140.
AGENDA ITEM IX

Cabinet on Nursing Practice
Meeting
September 19-21, 1982
Agenda Item 2.1

2. Scope of Practice

2.1 Implementation of Nursing: A Social Policy Statement

Since the publication of Nursing: A Social Policy Statement, the activities of the association directed by the Congress for Nursing Practice have focused on the dissemination of the document. To that end, media material including a film and slides were produced and a concerted marketing program implemented. Data on distribution follows.

Members of the committee which authored the statement advised on the production and dissemination of the media material. These individuals also began deliberation on strategies to implement policies contained in the statement and constituted a panel at the 1982 ANA Convention in a focus for critical analysis of the statement.

In February 1982, the Congress for Nursing Practice appointed a Task Force on the Implementation of Nursing: A Social Policy Statement which is to hold its first meeting September 25-26, 1982. The task force will note implementation of the charge outlined at the February 1982 meeting of the Congress for Nursing Practice.

2.2 Steering Committee on the Classification for Nursing Practice

One significant activity toward the implementation of Nursing: A Social Policy Statement is a collaborative effort between the Cabinet on Nursing Research and the Cabinet on Nursing Practice in the appointment of a task force to develop a taxonomy for nursing. The first meeting of the task force was in January 1982, at which time issues and an initial plan of action were outlined. At a March meeting, the committee requested a name change and began long-range planning to develop a classification system on the phenomena of nursing practice. Initial elements with the plan included an invitation for collaborative efforts with the nursing diagnosis group and determining the state of the art, beginning with the ANA divisions on practice. The following material outlines the request to the divisions on practice.

2.2.1 Memorandum to the division on practice from the Steering Committee on the Classification for Nursing Practice
<table>
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<tr>
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<tbody>
<tr>
<td>1. Definition of Nursing:</td>
<td>a. Use definition as a basis for examining nurse practice acts</td>
<td>Eventually impact on various state legislation</td>
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<tr>
<td>Nursing is a diagnosis and treatment of human responses to actual or potential health problems.</td>
<td>b. Divisions on practice to identify phenomena of concern in that practice area</td>
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<tr>
<td>Nursing administrator identify phenomena of concern in that practice setting</td>
<td>c. Nurse administrator identify phenomena of concern in that practice setting</td>
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<tr>
<td>Review of literature on taxonomy and classification systems</td>
<td>d. Review of literature on taxonomy and classification systems</td>
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<tr>
<td>Licensing exam test writers review phenomena identified by Steering Committee on Classification Phenomena of Nursing Practice</td>
<td>e. Licensing exam test writers review phenomena identified by Steering Committee on Classification Phenomena of Nursing Practice</td>
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<tr>
<td>Review description of definitions since 1930</td>
<td>f. Review description of definitions since 1930</td>
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<td>Write critiques with possible revision in 5 years</td>
<td>g. Write critiques with possible revision in 5 years</td>
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<tr>
<td>Use definition as basis for the development or revision of standards</td>
<td>h. Use definition as basis for the development or revision of standards</td>
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<tr>
<td>2. The characteristic of the scope of practice can be used to define nursing's role in relation to other professionals.</td>
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<td>dialogue with other professionals</td>
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### Implementation of Nursing: A Social Policy Statement

<table>
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<tr>
<th>Policies Implicit and Explicit in Nursing</th>
<th>Proposed Strategies to Implement Policies</th>
<th>Target Dates and Assignments</th>
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</thead>
</table>

#### 3. There exists internal control of practice as differentiated from external control of practice.
- a. Develop "white papers" on:
  1. Internal controls
  2. Nursing, the profession, standards, and ethics versus nursing, the job, in which standards are not negotiable
  3. Basic level education to include assessment skills and be known as practitioners.
- b. Discourage short-term continuing education programs preparing "nurse practitioners".

#### 4. Nursing is a product of and owned by society.
- a. Monitor and analyze social trends impacted by nurses and nursing.
- b. Rephrase the statement for use in public arenas after five years.

#### 5. Education:
The definition of nursing is a theory of nursing.
- a. Cabinet on Nursing Education and Cabinet on Nursing Practice collaborate to address issues of specialization in nursing practice.
- b. Survey of educational programs to determine which phenomena are placed in the undergraduate curriculum.
- c. Seek endorsement of specialization concepts by the American Association of Colleges of Nursing.
- d. Encourage faculty to use the statement as a tool for evaluation of papers or studies.
- e. Discourage short-term continuing education programs preparing "nurse practitioners".
- f. Institute co-requisites.

### Implementation of Nursing: A Social Policy Statement

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#### 6. A graduate degree (master's or doctorate) is a requirement for certification as a nursing specialist.
- a. Encourage more certification programs.
- b. Institute core of nursing.
- c. Define core of nursing.
- d. Institute core of nursing.

#### 7. Quality Assurance:
Nursing has a social contract with society resulting in self-regulation to assure quality.
- a. Develop a management/learning system.

#### 8. There is substitutability and complementarity of health care professionals in the gray areas, but the phenomena of concern to nurses are unique.
- a. Incorporate Leininger's theory which supports the use of science for humanitarian purposes.

#### 9. Research:
New knowledge is derived from research which adds to nursing theories.
- a. Develop instruments for measurement of phenomena.
- b. Survey dissertation papers to define phenomena.
- c. Validate definition of nursing through research.
### Implementation of Nursing: A Social Policy Statement

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<th>Policies Explicit and Proposed Strategies to Target Dates and Assignments</th>
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<td>Implicit in Nursing: A Social Policy Statement Implement Policies</td>
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<tr>
<td>d. Study sociology of cognition</td>
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<tr>
<td>e. Study relationship of health problems to human responses</td>
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<td>f. Develop measurements to assess human responses.</td>
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<td>11. Specialization: Specialists in using practice must have an earned graduate degree and must be eligible for certification.</td>
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<tr>
<td>a. Invite the American Association of Colleges of Nursing to review graduate programs relative to &quot;splintering specialization.&quot;</td>
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At its February 13-16, 1982 meeting, the Congress for Nursing Practice appointed a five-member task force for the continued implementation of Nursing: A Social Policy Statement. The task force was given the following charge:

1. Prepare a five-year master plan for implementation of the concepts in Nursing: A Social Policy Statement based on current and planned activities from all structural units.

   *Meet* Sept. 25-26, 1982

2. Work with staff to continue analysis of existing ANA policies and the anticipation of policies needed in the association.

3. Increase awareness, understanding, and acceptance of the social policy statement on the part of nurses and enlist their cooperation in its implementation.

4. Prepare all elected and appointed officials of ANA to present Nursing: A Social Policy Statement and discuss its implementation.

5. Present Nursing: A Social Policy Statement to the Board of Directors, advisory councils, the American Academy of Nursing, structural units, state nurses' associations, district nurses' associations, and selected group of local unit stewards by the end of 1982.

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IS:bl 9/3/82
American Nurses’ Association, Inc.
2420 Pershing Road, Kansas City, Missouri 64108
(816) 474-9720

Enclosure

Attached, for your information and consideration, is the final report of the Task Force on Nursing: A Social Policy Statement. It is being forwarded to ANA organizational units and constituent state nurses’ associations with the Cabinet on Nursing Practice’s request that action be considered on the particular recommendations related to each unit’s area of responsibility and that the decisions of the units be forwarded to the cabinet. The cabinet will then include the activities in subsequent progress reports. Areas not receiving attention will receive further consideration by the cabinet.

Please note the acknowledgement from the task force of the on-going work by ANA units. The cabinet also extends its appreciation for past and any future efforts.

TO: ANA Cabinets: Economic and General Welfare, Human Rights, Nursing Education, Nursing Research, Nursing Services, and Nursing Practice

Executive Committees of ANA Divisions on Nursing Practice

Executive Committees of ANA Councils

FROM: Jean E. Steel, M.S., R.N.C.
Chairperson
Cabinet on Nursing Practice

DATE: February 23, 1984


I. Introduction

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II. Progress to Date

Dissemination

Reports from the Marketing Department of the American Nurses’ Association on distribution of the document and related media material revealed the following:
Policy Statement

Publication

Since it was first available in January 1981, through October 1983, ANA has sold 54,087 copies of the publication and has distributed 5,345 copies in-house (most of these presumably for complimentary distribution), for a total of 59,432 copies distributed. Of those sold, 6,950 were included in sales of the media package (50 per package).

Media Package

From January 1982 through October 1983 ANA has sold 139 copies of the media package (each with 50 copies of the publication included).

From February 1982 through September 1983 there have been 139 rentals of the media package through the University of Kansas Wichita Distribution Center. Each rental includes one nonreturnable copy of the publication.

In addition, 40-50 presentations on the statement have been given by members of the task force to state nurses' associations and to other groups such as universities. States in which presentations have been made are:

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<th>SNA Sponsored</th>
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Considerable activity has occurred under the direction of the executive committees of the divisions and councils. The divisions, as a result of the 1982 bylaws which require that they become councils at the close of the 1984 House of Delegates, have undertaken an assessment of their area of practice and the council's potential purpose and goals. The self-assessment has led to increased discussion of the phenomena of concern in areas of practice, i.e., the human responses which nurses diagnose and treat.

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9. Nursing is responsible for leadership toward redistribution of health care resources for the provision of an adequate quantity of care achieved at the lowest cost compatible with quality.

The social policy statement has a very high potential, for serving to unify nursing around a shared, common guiding framework for the practice of nursing. It should also serve to clarify and enhance the distinctiveness of what nurses do as compared to the work of other health workers. The task force envisions that as the social policy statement is fully implemented, nursing will hasten its evolution, particularly in the following directions:

The Steering Committee on Classifications of Phenomena of Nursing Practice should by 1986 have identified a useful beginning list of phenomena of concern to nurses, from which a common core of nursing phenomena representing the most common, recurring, most frequently seen phenomena can be drawn.

The foregoing preliminary core should begin significantly to influence basic and graduate education, service (including practice), and research in the following ways:

1. Curricula in basic schools of nursing should begin to focus more intensely on theory and practice related to nursing phenomena, developing in students a high degree of sophistication in observation, assessment, theory, application, and intervention related to nursing phenomena.
2. Graduate programs should be involving many more of their students in clinical investigations—empirical and controlled research—related to developing further clarification and understanding of particular phenomena in nursing’s domain as well as generating interest in clinical research and beginning research capabilities.
3. It can be expected that more nurse researchers than at present would begin a long-term interest in research of a particular nursing phenomena—the profession seeking to obtain financial support for such long-term investigations. Such studies should lead to nursing theories as well as result in well-tested nursing intervention pertaining to nursing phenomena.

By the year 2000, the largest changes should be visible in nursing service. The distinctiveness of nursing practice by professional nurses should be more self-evident, and their role in giving direction to less than professional nurses should be clearer than at this time. Professional nurses should be demonstrating greater sophistication in practice related to nursing phenomena and should be practicing with greater confidence in the unifying framework provided by the social policy statement developed in education and in nursing research, which will be reflected in the competency of professional nurses.

It may be necessary for the organization of nursing services to be reordered to provide for supervisory review of newly graduated professional nurses by experienced ones in relation to practice to also provide for clinical discussion by professional nurses through various formal staff arrangements.

Goal 1: Definition of nursing as an explanatory theory of nursing practice.

Rationale

Nursing is primarily an applied science, a practice discipline. The theoretical base of nursing is partially self-generated through nursing practice and research, and partially drawn from other fields.

One way of defining theory is that it is a set of interconnected propositions that have the same referent. "Referent" means the subject of the theory.

A theory can be:

1. Explanatory—Explains events by setting forth propositions from which these events may be inferred.
Policy Statement

2. Predictive—Sets forth propositions from which inference of future events can be made.

3. Control—Describes the conditions under which events of a certain kind can be made to occur.

Every theory requires evaluation against seven criteria: 1) generality, 2) relevance, 3) consistency, 4) completeness, 5) testability, 6) centrality, and 7) simplicity.

As a minimal current requirement, a definition of nursing should stipulate an explanatory theory of nursing practice. Definition of nursing as "the diagnosis and treatment of human responses to actual or potential health problems" meets the criteria for explanatory theory.

Implications for Implementing Strategies Related to Goal 1

The definition provides a theoretical framework for nursing education curricula. It underscores the importance of nursing research focused on the phenomena of concern in practice, which are the human responses to actual or potential health problems. For nursing service administration and staff in all settings, it underscores the importance of personalization in patient care through intensified emphasis on nursing diagnoses and related treatment of human responses. This emphasis entails maximum supports for clinical practice from nursing administration, education, and research.

Goal 2: Promotion of unity in nursing in a basic and common approach to practice.

Rationale

In its evolution, nursing has to a degree sacrificed traditional unity. Present diversity is due to increasing complexity and potentials in practice and in health care; related need for baccalaureate education as preparation for entry into professional practice; increase in the number of nurses prepared through earned masters and doctoral degrees; specialization with professional certification; research that yields new knowledge, new applications of existing knowledge and theories; and development of nursing theory as the foundation for practice.

Presently, there is a wide diversity among nurses in practice—generalists; generalists who concentrate their practice in specialized areas; qualified specialists in nursing practice; and nurses who are evincing interest in clinical areas which may or may not develop into recognized specialists. The augmented variety of settings in which nursing can now be practiced reflects and further adds to the diversification.

Implications for Implementing Strategies Related to Goal 2

Unity in nursing can best be promoted by emphasis on intradisciplinary collaboration within and between practice, education, and research. Collaboration means true partnerships in which the powers of the participants are valued, with recognition and acceptance of separate and combined spheres of activity and responsibility. With mutual safeguarding of legitimate particular interests; and a centering commonality of professional mission that is recognized and supported.

Emphasis on intradisciplinary collaboration could lead to collegiality that transcends the differences between nurses whether those be differences in clinical interests or differences in professional preparation responsibilities, rank, status, career focus, or the settings in which nursing is practiced. Collegiality—the sharing of responsibility and authority within the profession—is an attitude about individual and group nursing relationships.
It is based on ultimacy and leads to respect. The first recognizes that doing nursing's work to the utmost is enhanced by an appropriate collaboration effort; and recognizes that through genuine collaboration, individual endeavor is potentiated, not just pooled. Respect then follows, with acknowledgement of the contribution that others make to the common mission—the health care of people.

In regard to reimbursement for nursing, the objective should be payment for nursing diagnosis and treatment. This entails continued refinement of nursing diagnoses in relation to human responses, and their incorporation into a taxonomy(ies) as warranted by experience.

The reimbursement objective should not be payment for nursing performance of medical acts. Identification of medical acts within nurse practice acts jeopardizes nursing's ability to regulate itself as it must do to remain a profession. Such identification also subjects nursing to medical authority and exposes nurses to the risk of medical as well as nursing malpractice or negligence allegations. Further, it tends to perpetuate the outmoded task- and- activity orientation of nursing practice.

It is understood that in emergency situations, in some practice settings, and in some urban and rural areas underserved by the health care system, some nurses prepared to do so carry out selected conventionally medical tasks with appropriate medical and nursing policy sanctions, support, and controls.

Such adaptations in local practice are at best a collaboration between nursing and medicine toward possible increase in effectiveness and efficiency in the provision of health care. To incorporate local adaptations as a medical part of the larger whole of professional nursing through nurse practice acts is obviously illogical. It also connotes some substitution of nursing for medical practice and interprofessional competition, none of which are in the best interests of the public or in the interests of the evolution of either profession. For nursing in particular, it diverts energy that should be used in developing the potentials of nursing practice and nursing as a national health care resource.

The diversity within nursing, the proliferation of special interest groups, combined with deficits in intradisciplinary collaboration and collegiality tends to obscure the wholesomeness—the collectivity10—of nursing. The American Nurses' Association is nursing's professional society. As such, it is responsible for the collective honoring of the social contract that exists between the professions and the larger society of which they are a part.

Mindful of its social responsibility, ANA provides structural arrangements, programs and resources, including leadership, in the public interest. These are provided with recognition of the diversity within nursing, but are directed to the health of the profession as a whole. "As a major expression of our sense of collectivity, we are called upon to join and participate11 in ANA.

Collectivity in nursing is exemplified by the delineation of the nature and scope of practice and the characteristics of specialization presented in Nursing: A Social Policy Statement.12 Implementation of the statement requires, above all else, its use by individuals and groups for the purpose of achieving a contemporary perspective on their own practices in the context of the present totality of nursing practice, with a view to promoting unity in a basic and common approach to practice and its future directions.
IV. Recommendations

A. Strategies related to further dissemination of the document

1. That all new officials of the American Nurses' Association be oriented to the social policy statement through discussion as well as receipt of the publication

2. That a "pocket" version of the social policy statement be developed and disseminated at cost or free, as is the Code for Nurses.

3. That a revised script for the slides be developed to prevent "canned" presentations.

4. That a tape be prepared on common questions and answers about the statement, including:
   
   Why is the statement called a social policy?
   Why does society own the profession?
   What is a human response?
   Is an actual or potential health problem a disease?
   Why does the statement not include a discussion of nurse practitioners?
   Is a human response a nursing diagnosis?

5. That ANA-based experts be developed to serve as resources for states or regions.

B. Strategies related to nursing education

1. That graduate nursing programs be reviewed relative to "splintering" of clinical areas for which specialty preparation is provided by universities.

2. That facilities be encouraged to: 1) use pp. 10-11 of statement as a tool for evaluation of papers or studies, 2) assure that every student has a copy of the statement, 3) participate in and promote the listing of common, recurring human responses seen in nursing practice, the related scientific knowledge and interventions for each human response, and 4) begin to design curricula according to classification of nursing practice phenomena.

3. That graduate programs for specialists in nursing practice title the program accordingly.

4. That short-term continuing education programs preparing nurse practitioners be discontinued and those nurse practitioner graduates be encouraged to complete graduate education and become certified in their specialty.

5. That educational programs be surveyed to determine which phenomena are indicated as being within the nursing domain as the basis for an integrated statement on core phenomena and knowledge.

C. Strategies related to promoting professional issues in economic and general welfare programs

That ANA promote systematic collaboration with local unit leaders on use of the social policy statement as a tool to:

1. Help practicing nurses understand nursing.

2. Assure that autonomy of function and independence of nursing judgment on nursing matters are not compromised in contract negotiation, and

3. Recognize that standards are defined by the profession to protect the profession in the course of its public service and therefore are not negotiable.

D. Strategies related to promoting credentialing by the profession

1. That the process for implementing the baccalaureate as the requirement for entry into professional nursing be implemented through internal rather than external control mechanisms.

2. That ANA certify nurses as generalists in professional nursing practice, based on validation of graduation from a baccalaureate program in nursing.

3. That mandatory continuing education be discontinued and replaced with an ANA-developed model law stating that the state board of nursing will honor ANA's list of recognized offerings and programs.

4. That ANA publish separate directories of certified specialists and certified generalists.

5. That specialist certification programs be developed as expediously as possible.

6. That accreditation criteria be examined and revised, as needed for consistency with the statement.
7. That a position paper be developed on internal controls of professional nursing practice

8. That nurse practice acts be examined relative to consistency with the definition of nursing.

E. Strategies relating to management of nursing practice

That nurse administrators promote the:

1. Identification of phenomena of concern in practice areas
2. Use of computerized retrieval in tracking nursing phenomena
3. Use of specialists in nursing.

F. Strategies related to research and defining the core of nursing

1. That a beginning classification of phenomena of nursing be used to identify the common recurring phenomena which are at the core of nursing practice
2. That nursing phenomena be tracked in all basic and applied science literature by the use of key words for computerized retrieval.
3. That a demonstration of the definition of nursing formalizing a long-range trend be conducted by a review of books, journals and dissertations from 1930-1980 regarding "human responses" nurses have already addressed
4. That ANA practice units continue to identify phenomena of concern in their area.

G. Strategies related to continued monitoring and evaluation

1. That an annual report to the members be prepared by the Cabinet on Nursing Practice with assistance as needed from members of the task force. This report would assess the dissemination of the document, the actions taken on the above recommendations, and other progress toward meeting the ideas and concepts in the statement.
2. That ANA publish in 1985 a compilation of critiques, further explanatory notes and general uses of the statement since its publication and that consideration be given to additional such publications as warranted by need or progress.

References

7. Ibid., 127.
10. Ibid., 138-142.
11. Ibid., 140.