

The Many Roles of the Registered Nurse

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Edited by

Debra Gillespie

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TABLE OF CONTENTS

List of Illustrations	ix
List of Tables	x
Acknowledgements	xi
Introduction	1
Debra J. Gillespie	
Chapter One.....	3
Nursing History	
Juliana L’Heureux and Debra J. Gillespie	
Chapter Two	8
Staff Nursing	
Debra J. Gillespie	
Chapter Three	14
Travel Nursing	
Elizabeth Guerdan	
Chapter Four.....	20
Infection Preventionist	
Gwen M. Rogers	
Chapter Five	37
Wound Ostomy Continence Nursing	
Tricia Foley and Debra J. Gillespie	
Chapter Six	43
The Clinical Nurse Educator	
Christina Harris	

Chapter Seven.....	55
Home Health Nursing	
Linda Samia	
Chapter Eight.....	64
Home Infusion Nursing	
Debra J. Gillespie, Rebecca L. Quirk and Hilary Speare	
Chapter Nine.....	74
Public Health Nursing	
Sarah Decato and Janet Morrisette	
Chapter Ten	90
School Nursing	
Debra Kramlich	
Chapter Eleven	96
Occupational and Environment Health Nursing	
Elaine Carpino-Pettegrow	
Chapter Twelve	105
Camp Nursing	
Tracey Gaslin	
Chapter Thirteen.....	122
Correctional Nursing	
Tracey Titus	
Chapter Fourteen	131
The Parish or Faith Community Nurse	
Katherine Kunnen	
Chapter Fifteen	147
Forensic Nursing	
Polly Campbell	
Chapter Sixteen	155
Critical Care Transport Nursing	
Bradley Boehringer	

Chapter Seventeen	179
Community Preparedness: Disaster Nursing	
Juliana L’Heureux and Debra J. Gillespie	
Chapter Eighteen	185
Hospice Nursing	
Pamela Barnickel	
Chapter Nineteen	198
Case Management/Care Manager	
Bonnie Smith	
Chapter Twenty	210
Research Nurse	
Debra J. Gillespie	
Chapter Twenty-One	217
The Telehealth Nurse: Yesterday, Today and in the Future	
Susan Flewelling Goran	
Chapter Twenty-Two.....	277
Pharmaceutical Nursing	
Debra J. Gillespie	
Chapter Twenty-Three.....	283
The Legal Nurse Consultant	
Debra J. Gillespie	
Chapter Twenty-Four	289
The University Educator	
Carol A. Fackler	
Chapter Twenty-Five.....	298
Nursing Informatics	
Jennifer Fogel	
Chapter Twenty-Six.....	307
The Clinical Nurse Leader	
Sonja Orff	

Chapter Twenty-Seven	318
The Nurse Executive	
Deborah Bachand	
Chapter Twenty-Eight	326
The Certified Nurse Practitioner	
Valerie J. Fuller	
Chapter Twenty-Nine	335
Clinical Nurse Specialist: Making a Difference in Nursing Care	
Kathleen E. Hubner and Janet S. Fulton	
Chapter Thirty	344
The Certified Nurse Midwife	
Cheryl Sarton	
Chapter Thirty-One	359
The Certified Registered Nurse Anesthetist	
Andy J. Tracy	
Chapter Thirty-Two	365
Summary	
Debra J. Gillespie	
Contributors	368

LIST OF ILLUSTRATIONS

Figure 9-1 CDC Public Health System’s Ten Essential Services.....	81
Figure 9-2 ANA Scope and Standards of Practice for PHN	82
Figure 9-3 Ten Ways PHN Improve Health	84
Figure 9-4 Robert Wood Johnson Foundation PHN Leaders	85
Figure 12-1 National Council of State Boards of Nursing Framework ..	114
Figure 19-1 Best Practice Components of Case Management.....	201
Figure 21-1 Modalities of Telehealth	221
Figure 21-2 Process of Remote Patient Monitoring	223
Figure 21-3 AACN Ambulatory Care Nursing Conceptual Framework	226
Figure 21-4 Educational Training for Telehealth Nursing.....	228
Figure 21-5 Utilization of Telemedicine in the Emergency Department..	233
Figure 21-6 ED Nurse	234
Figure 21-7 TeleICU Model	237
Figure 21-8 RD-VITA	240
Figure 21-9 Common Requirements for TeleICU RN Position	242
Figure 21-10 Required Competency Domains for the TeleICU Nurse...	243
Figure 21-11 TeleICU Nurse.....	244
Figure 21-12 TeleICU Nurse Daily Activities.....	245
Figure 21-13 Two-way Video Camera.....	247
Figure 21-14 Triage and Transfer Center	254
Figure 21-15 Health Recovery System.....	259
Figure 28-1 APRN Regulatory Model.....	328

LIST OF TABLES

Table 21-1 Challenges to Telehealth Nursing Practice.....	230
Table 25-1 AMIA Nursing Pioneers and their Contributions to NI.....	299
Table 26-1 Student Enrollment in Five CNL Models.....	309
Table 26-2 CNL Traits	312
Table 26-3 Number of Certified CNLs by Region	313
Table 26-4 CNL Employment Settings and Roles.....	314
Table 26-5 CNL Recommended Readings	315
Table 30-1 Criteria for Accreditation of Midwifery Educational Programs	346
Table 30-2 Core Competencies for Basic Midwifery Practice	347
Table 30-3 Standards for the Practice of Midwifery	349
Table 30-4 American College of Nurse Midwifery Code of Ethics	350
Table 30-5 Exemplar of Nurse Midwifery Practice.....	354

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—Debra J. Gillespie PhD, RN

INTRODUCTION

DEBRA J. GILLESPIE, PHD, RN

The World Health Organization (WHO) has designated the year 2020 as the ‘international year of the nurse’ (WHO n.d.). This is an appropriate time as the nursing profession recognizes the 200th birthday of its founding leader, Florence Nightingale. According to a Gallup poll, Americans have rated nurses as the most honest and trusted profession 18 years in a row (Gallup.org). This honor is vastly appreciated by nurses all over the world as nurses continue to work hard, advance their education, obtain specialty certifications and commit passion, caring, intelligence and devotion to their work.

Nurses reside in many various roles in society all across the globe and are a fundamental force for healthcare in education, practice, research, policy and industry. Nurses as a whole are a humble group and rarely speak of their own or others’ heroic endeavors. While much has been written about the silent voice of nurses and the nursing profession, including receiving very little press, this year has been different. The year of the COVID-19 global pandemic has been the impetus for the media to shed a much-deserved spotlight upon the nursing profession, not just in the United States but also around the world.

The impetus for this book came from teaching *Introduction to Professional Nursing* to undergraduate, first year nursing students, or students with an undeclared major. On the first day of class, students are asked, “Where do nurses work?” The typical responses are hospitals, doctors’ offices and nursing homes. This leads into a great discussion on the vast roles and diverse places a Registered Nurse may work around the world. This is a real revelation for some students. Others have entered the nursing profession for the very fact that they may in the future change positions due to the expansive and exciting career trajectory the profession of nursing provides.

This is a wonderful time to be a nurse. The undergraduate and graduate studies are hard, yet rewarding. The work of the nurse, no matter the setting can be stressful, challenging and the hardest job you will ever love. Whether

you are deciding to go into the nursing profession or you are already a nurse looking for a career change, this book will enlighten you by providing you with general information on a variety of nursing roles, responsibilities and educational requirements. This book is not intended to be all-inclusive because, as healthcare and technology advance, so do new roles for Registered Nurses. Who knows what the future may hold for the Registered Nurse!

References

- Gallup Poll. n.d. "Nurses Continue to Rate Highest in Honesty, Ethics"
Accessed July 12, 2020.
<https://news.gallup.com/poll/274673/nurses-continue-rate-highest-honesty-ethics.aspx>
- World Health Organization (WHO). n.d. "The International Year of the Nurse." Accessed July 12, 2020.
<https://www.who.int/campaigns/year-of-the-nurse-and-the-midwife-2020>

CHAPTER ONE

NURSING HISTORY

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DEBRA J. GILLESPIE, PHD, RN

Introduction

The nursing profession has a long and rich history beginning with Florence Nightingale, who is considered the founder of the profession. While the profession was founded by Nightingale, it was men who defined it in a paternalistic culture, common at the time (Karnick, 2014). As women were propelled to care for patients primarily in hospitals, physicians taught them using an apprenticeship model. Prior to formal nursing education, it was men who defined nurses and nursing by what was considered typical of woman's work of the time (Karnick, 2014). Thus, in the early years of the profession, nurses relinquished their power to hospital administrators, who were also male physicians. As medicine borrowed many principles from chemistry and the biological sciences, nursing, in its early years thus adopted many of its principles from medicine.

While it was expected that Florence Nightingale would follow in her upper class family's societal expectations in the Victorian era, she believed she had a calling to serve humanity. She gathered other women and asked permission to serve and care for the soldiers during the Crimean war. It was during this experience that she believed sickness came from dirt and installed a strict protocol for cleanliness of the environment and patients. When Nightingale returned from the war, she was hailed for her heroic efforts including decreasing the mortality of the soldiers among other tasks such as documentation and early statistical record keeping. Following the war, Nightingale opened the first school for nurses at St. Thomas's Hospital in London, England.

At the turn of the 20th century, women did not have the right to vote and, in many states, they could not even own property. Yet, in nursing, women

developed a profession where compassion was supported as a right for all people, especially for their patients (AJN 2012, 53). This sentiment is the first provision of the American Nurse Association's (ANA) Code of Ethics, where it states that the ethical obligation of the nurse is:

“the nurse practices with compassion and respect for the inherent dignity, worth, and unique attributes of every person” (ANA 2015, 269).

While nurses primarily worked in hospitals during the early years of their profession they also performed tasks in the hospital and then in patients' homes as private duty nurses. It has been described the private duty nurse is one who collaborates with the doctor more than any other area of nursing. The private duty nurse was the designated title of a Registered Nurse and, sometimes, a Licensed Practical Nurse, who accepted the responsibility to care for one or at most two inpatients in a special fee for service arrangement. When working in the hospitals, they worked collaboratively with the floor nurses, but they reported directly to the patients' physicians. In fact, the private duty nurse was paid to be present in the hospital room with their patient, throughout the shift they agreed to cover. Usually, they did not provide daily personal care, like linen changes or bed baths. Rather, the private duty nurse administered all prescribed medications and physician ordered dressing changes, only to the patients for whom they were assigned to provide care. Nurses who choose private duty did not aspire to work for institutional settings, like hospitals. Instead, they were hired to work with the attending physicians, the patient and the patient's family.

Private duty nurses were employed by a professional agency that hired them on behalf of families or individuals to provide one on one care for someone who was hospitalized and needed post-surgical monitoring, or required isolation as a result of an infection or for an infectious disease diagnosis. Sometimes a private duty nurse would work with, at most, up to two patients. Patients that were hospitalized due to complications caused by diabetes for example, benefited from having a private duty nurse because they received their insulin and other medications exactly on time. In other words, there was no waiting for the floor nurse who was assigned to the medicine cart that delivered the essential medications, a procedure that could delay administration by up to one hour.

In his or her special relationships with the physician, the patient and the family, the nurse acts as a problem solver who was required to demonstrate adaptability. They learned to meet new people, to work with physicians who they often did not know and in hospitals where they seldom had the

opportunity to orient to their practice environment. Private duty nurses were challenged to work irregular hours while maintaining professional loyalty to their patients and respect for hospital personnel.

Eventually, as in-patient hospital stays became shortened due to advancing treatment methodologies and/or quality improvement initiatives, the private duty nurse became a care giver to home bound patients.

Private duty nursing provides more individual and continuous skilled care than can be provided in a skilled nurse visit through a home health agency. Although the intent of private duty nursing has not changed over time, the primary location where care is provided is usually in the home. The intent of private duty nursing is to assist the patient with complex direct skilled nursing care, to develop caregiver competencies through training and education, and to optimize patient health status and outcomes.

Moreover, private duty nursing is indicated when continuous, substantial and complex hourly nursing services are needed and can be provided by a licensed nurse in the patient's home. The nursing tasks must be done so frequently that the need is continuous. Providing respite time for caregivers or family are not considered to be private duty nursing.

Changes in health care and nursing practices are voiced in the historic stories from Maine nurses. These nurses spoke to oral history interviewers about being present with patients, and families, in their homes, during peace, at war, in hospitals, work places, disasters, and during the cycles of lives of their patients. Nurses told about providing compassionate care during births, through growth and development, and at death, during times of healing, joy and bereavement (Hart et al. 2016).

In the years 1897-99, the hospital's graduate nurses were going into homes where they cleaned rooms to prepare patients for surgery. Some patients even had abdominal surgery at home, at that time. Nurses also administered ether anesthesia by a "drop method". Of course, the nurses also provided the post-operative care for two to three weeks after the surgeries. Compensation was reported as \$18 per week.

By this time, the United States was aware of the growing threat of being involved in the Great War in Europe, called World War I. Although wars are always the result of tragic circumstances that create extraordinary chaos, the battlefield wounds eventually lead to advances in medical and nursing knowledge and practices.

In the past 100 years, the world has experienced extraordinary changes, and witnessed progress in scientific, personal, ethical and socio-political knowledge. Technological advances have changed our personal expectations for both our quality and quantity of life, while raising ethical questions about the rights of all people to receive health care and under what circumstances. Regardless of these changes, the past 100 years have demonstrated a consistent theme among all nurses about the importance of providing quality patient care and to strive for improving educational standards.

Education and mandated educational requirements have changed tremendously since the early years of the nursing profession. Please see the chapter on the role of the university faculty nurse for a detailed history of nursing education and its implications to the profession.

In 2010 with the passage of the Affordable Care Act in the United States, payments to hospitals changed dramatically. The Center for Medicaid and Medicare Services (CMS) reimburses hospitals for reaching quality, national benchmarks based upon certain diagnostic criteria. The first to be implemented were reimbursements for patients admitted to hospitals with myocardial infarction, heart failure and pneumonia (Ryan & Blustein 2012, 1557). Other diagnostic criteria soon followed. With the passage of this law, nurses needed to become aware of their hospital's unit-specific data when attempting to reach these benchmarks. This along with the American Nurses Credentialing Center's (ANCC) Magnet recognition program has led to an increase in nurses' involvement with quality improvement initiatives. Additionally, the professional paradigm shift from tradition-based practice to evidence-based practice (EBP) has resulted in more clinical nurses incorporating research and scientific evidence into practice. Thus, the professional practice of nursing has expanded to more than just providing physical, clinical care and the nursing profession has established itself as a legitimate scientific discipline.

References

- American Nurses Association. 2015. "The New Code of Ethics for Nurses with Interpretive Statements: Practical Clinical Application, Part I. *Med/Surg Nursing* 24 (4): 268-271.
- Egenes, Karen, J. 2009. *The History of Nursing*. In Issues and Trends in Nursing: Essential Knowledge for Today and Tomorrow, Jones & Bartlett Publishers,

- Hart, Valeria, Susan Henderson, Julianna L'Heureus, & Ann Sossong. 2016. *Maine Nursing: Interviews and History on Caring and competence*. Charleston, NC: The History Press
- Karnick, Paula M. 2014. "The Elusive Profession Called Nursing". *Nursing Science Quarterly* 27 (4): 292-293.
- Ryan, Andrew & Jan Blustein. 2012. "Making the Best of Hospital Pay for Performance." *New England Journal of Medicine* 366 (17): 1557-1559.

CHAPTER TWO

STAFF NURSING

DEBRA J. GILLESPIE, PHD, RN

Introduction

Registered Nurses make up the largest portion of the healthcare labor market with over 3.8 million nurses in the United States and an estimated 20.7 million nurses worldwide (AACN, n.d.; WHO, n.d.). Staff nursing is the most common position for nurses to fill. This was also the most common position during nursing's infancy as a profession, as it was nurses who staffed hospitals and received education in an apprenticeship model by physicians. Acute and long-term care facilities are often in need of staff in part due to the current nursing shortage. It is projected, that in the United States alone, there will be a 260,000 shortage of nurses by 2025 (Mills, et al. 2014, 65). There are many contributing factors leading to the nursing shortage, which leaves acute care and long-term care a logical transition from nursing student to employed nurse.

The staff nurse may work in a variety of settings, but primarily in acute care hospitals, small community hospitals, critical access hospitals, physicians' offices, clinics, day surgery centers, long-term care facilities and home health. The name refers to the hospital or other location needing to be "staffed" in order for patients to receive the care they need. Staff nurses are the primary healthcare providers in hospitals and long-term care facilities (AACN, n.d.).

Unlike physicians who choose a specialty and complete a residency program in that specialty, nurses are trained as generalists. This is in part, to provide them with an overview of many rich learning opportunities. Upon graduation and passing of the state licensure exam, nurses can work as either generalists or specialists. A generalist nurse typically works on a medical/surgical floor where they care for patients with a number of different medical diagnoses or care for patients recovering from surgery.

The medical conditions that require hospitalization for a patient can range from multiple sclerosis, diabetes, pneumonia and others, while the surgical patient may be recovering from a cholecystectomy, hysterectomy, or spinal fusion. The generalist nurses must be proficient in whatever the patient has been hospitalized for and his/her specific healthcare needs. This includes not only the physical care but also the mental, emotional and spiritual needs of the patient and family.

Nurses who wish to specialize may decide to work as staff nurses in the Intensive Care Unit, Operating Room, or the Neonatal Intensive Care Unit for example. Each organization will have its own policies as to whether a newly graduate nurse may work in specialty units prior to any other experience or not. Upon employment into one of the specialty units, nurses may receive additional education and training by the organization.

Regardless of where the staff nurse works, it is imperative to have good critical thinking and communication skills. The staff nurse is often in the role of liaison between medical care and nursing care providing advocacy for the patient. Where physicians make their daily rounds, they may see the patient only briefly where a staff nurse may spend 8-12 hours with a patient. This time allows for deep and more personal relationships to be formed between the nurse and the patient and patient's family.

Nurses first need to be competent in providing a thorough physical assessment. This skill is learned in their undergraduate nursing curriculum and clinical practicums and is performed many times by the student nurse prior to graduation. Normal and abnormal findings are reported, documented, and become a significant part of the treatment plan by communicating findings to the physicians and other members of the healthcare team. Interdisciplinary team work and communication skills are vital for the competent staff nurse to collaborate with team members from medical staff, physical therapy, respiratory therapy, pharmacists, social workers, discharge coordinators as well as many other disciplines.

The staff nurse's primary role is to advocate for patients and families by providing physical and emotional care to patients recovering from illness or injury. Other responsibilities include coordinating care with other members of the interdisciplinary team, providing physical care, medication administration, dressing and wound care, performing diagnostic tests within their scope of practice, monitoring overall recovery, operating medical equipment, and educating patients and families.

Documentation is a critical and important part of nursing duties. Different organizations may use a vast array of different electronic medical records (EMR). It is imperative that the staff nurse upon hire, be trained in the organization's electronic medical record to record all nursing care provided, medications administered, physical assessments completed to name a few. The EMR is also, where the nurse will retrieve physicians' orders, results of laboratory and radiology tests, the patient's medical history, as well as other pertinent information.

Competent communication skills are one of the most important attributes needed by nurses. Through therapeutic communication, the nurse can develop a meaningful relationship with the patient and family to enhance an environment of compassion and caring (McLean et al. 2017, 90). Clear communication is not only necessary for developing patient and family relationships but also important in the prevention of medical errors, and promoting patient safety. It has been reported that patient safety and quality of care is enhanced by clear communication (McLean et al. 2017, 98).

Critical thinking is a skill student nurses learn in both their didactic and clinical practicum experiences. Critical thinking is achieved when the mind experiences a flow of organized thinking to meet a common goal (Fertelli 2019, 331). Others have defined critical thinking as the ability to apply logic to the analysis and evaluation of one's argument (Erikson & Erikson 2019, 2294). Critical thinking also referred to as clinical reasoning or making judgments in patient care occurs consciously and subconsciously during daily clinical practice (Cone et al. 2016, 41).

The ability to be an important member of the healthcare team and to collaborate effectively in teams is critical to the safety of patients (Welp & Manser 2017, 282). More and more, nurses are being recognized for having a direct impact upon patient care and quality patient outcomes. Nurse-sensitive indicators (NSIs) are named for those quality measures that are a direct result of the care provided to patients by nurses. Such NSIs include hospital-acquired infections (HAI), hospital-acquired pressure ulcers (HAPI) and patient falls to name a few. The American Nurses Credentialing Center (ANCC)'s Magnet Recognition Program includes many NSIs that are required to be collected and reported to compare to national benchmarks. Staff nurses are therefore responsible and directly involved in quality improvement efforts targeted at NSIs and may also be responsible for data collection. Through a shared governance structure, also a Magnet requirement, nurses have the authority and autonomy to address quality improvement initiatives that directly affect patient care. Working within a

shared governance model, nurses are members of their unit or organization-wide practice and research councils where they take ownership of their practice, review data and current literature to make improvements in patient care. Staff nurses are expected to work within an evidence-based practice (EBP) environment where policies and procedures are based on current research and current clinical guidelines.

Educational Requirements

Staff nurses may hold an Associate's degree, diploma from a nursing school or a Bachelor's degree as a minimum educational requirement. As more and more organizations are seeking Magnet recognition and with the Institute of Medicines' (IOM) *Future of Nursing* report, there has been a national call to action for organizations to have a staff educational ratio of 80% BSN prepared staff by the year 2020. It has been challenging to meet this goal, but organizations currently prefer to hire the Bachelors of Science in Nursing (BSN) prepared staff nurse for the critical thinking, leadership skills and understanding of research which they received within a four-year undergraduate program.

Professional Organizations

There are many professional organizations for which a staff nurse may be interested in joining. Most professional organizations are disease or practice-specific. The nationally recognized organization, the voice for nursing practice in the United States is the American Nurses Association (ANA), which has local chapters in all 50 states. For nurses practicing in other countries, there are a number of other professional organizations as well.

For nurses interested in research and scholarship, Sigma Theta Tau International in an international organization promoting and supporting nursing research, scholarship and evidence-based practice.

Licensing

In the United States, the licensing exam is a national exam. Upon successful passing of the exam, the nurse may then take the title of Registered Nurse (RN). The nursing license is awarded by the nurse's state of residence. Some states belong to a nursing compact and recognize the home license where other states do not. It is imperative that nurses are aware of which states they

may practice in and which states may require a formal RN license application.

Many states require nurses to demonstrate a certain number of continuing education credits for license renewal, but this is not a requirement in all 50 states in the United States (U.S.).

Conclusion

The undergraduate nursing curriculum in most nursing colleges and universities educates students to become nurse generalists. Nurses upon graduation and successful completion of their licensing exam are qualified to work in many general and specific areas of practice, depending upon the organization. Some organization prefer the newly graduated nurse to have a few years of experience on a medical/surgical floor before transferring to intensive care. Other organizations do not have that requirement. Any specific specialty units often provide specialize training and ongoing education to staff nurses and measure and document competencies in their respective areas.

References

- American Association of Colleges of Nurses (AACN). n.d. Accessed July 21, 2020. <https://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Fact-Sheet>
- Cone, Catherine, Donald Godwin, Krista Salazar, Rucha Bond, Megan Thompson, & Orrin Meyers. 2016. "Incorporation of an Explicit Critical Thinking Curriculum to Improve Pharmacy Students' Critical-thinking Skills." *American Journal of Pharmaceutical Education* 80 (3): 41-45.
- Erikson, Martin G., & Malgorzata Erikson. 2019. "Learning Outcomes and Critical Thinking: Good Intentions in Conflict." *Studies in Higher Education* 44 (12): 2293-2303.
- Fertelli, Tulay Kars. 2019. "Peer Assessment in Learning of Nursing Process: Critical Thinking and Peer Support." *International Journal of Caring Sciences* 12 (1): 331-339.
- Institute of Medicine (IOM). 2010. *The Future of Nursing: Leading Change, Advancing Health*. Washington D.C.
- McLean, Sharon, Kelly Michelle, Fiona Geddes, & Della Phillip. 2017. "Use of Simulated Patients to Develop Communication Skills in Nursing Education: An Integrative Review." *Nursing Education Today* 28: 90-98.

- Mills, Mary Etta, Linda J. Hickman, & Joan I. Warren. 2014. "Developing Dual Role Nursing Staff –Clinical Instructor: A Partnership Model." *Journal of Nursing Administration* 44 (2): 65-67.
- Welp, Annalena, & Tanja Manser. 2016. "Integrating Teamwork, Clinician Occupational Well-being, and Patient Safety: Development of a Conceptual Framework Based on a Systematic Review." *BMC Health Services Research* 16: 281-325.
- World Health Organization (WHO). (n.d.). Accessed July 21, 2020.
https://www.who.int/hrh/nursing_midwifery/en/

CHAPTER THREE

TRAVEL NURSING

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Introduction

Type “travel nursing” into a google search and you will be inundated with company websites trying to entice you to join their team, travel the world, travel the country and get great pay and benefits, but what does it really mean? Travel nursing companies in the United States have been encouraging experienced nurses to work limited time contracts in areas of nursing shortages for over forty years (Nightingale Author 2017). Nursing shortages in the seventies, eighties, and nineties drove hospitals, clinics, and other healthcare facilities to entice nurses with benefits like housing, travel expenses, bonuses, and higher pay for temporary contracts. Today, the shortages are still evident and when there are national emergencies like hurricanes, earthquakes, or disease outbreaks, these needs become more acute.

Travel nursing is not just one specialty, but also every type of nursing. When looking at the job openings for a travel nurse, the opportunities range from medical/surgical nursing to emergency room nursing and intensive care, from clinics to home care, mental health, and hospice. The opportunities are not just within the USA, there are positions throughout the world providing care to every type of patient and in multiple settings.

Some reasons for wanting to try travel nursing include seeing new areas, for a change of position, for the increased wages, and for the experience. Whatever the reason, traveling will allow nurses to experience caring for patients in different parts of the country or the world, build up skills, and increase independence. This chapter will discuss several types of traveling opportunities available to nurses depending on their motivation to travel.

Types of Travel Nursing

The most common type of travel nursing within the U.S. is a temporary short-term contract in another state or city. These positions are due to nursing shortages, which are increasing, nationwide as healthcare needs increase due to our aging population (Rosseter 2019). They can be a few weeks to several months in length and allow the travel nurse to have an immersive experience in a new city or state while working. Employers are looking for experienced nurses who will be able to step into a new environment and care for patients with a short, focused orientation.

Having your nursing license can also mean a ticket to travel the world. There are agencies who specialize in international contracts assisting nurses to navigate visas, travel, and accommodation as well as helping to find the perfect job. The contracts are usually longer than travel positions in the U.S., often 6 months to 2 years in length. This allows the nurse to embrace the culture of a country, experiencing it firsthand while having built in support.

Other travel opportunities are volunteer positions both in the U.S. and abroad which allow nurses to use their expertise and care for patients in areas that have severe shortages of medical care. These can be mission trips based in rural villages, cities, or on ships focused on providing surgical and primary healthcare services, medical supplies and education. Often the volunteer, especially for the shorter trips, covers the expenses but some costs can be covered for longer stays.

Roles and responsibilities

The role of the travel nurse was originally developed when hospitals in the south noticed increases in patients during the winter and instead of employing full time staff, they looked at temporary positions to meet the fluctuating needs (Nightingale Author 2017). Since then the numbers of travel nurse agencies have increased due to the worldwide nursing shortage. According to Rosseter (2019) nursing schools are increasing capacities, often forming partnerships with private and public companies to improve application processes, promote careers, provide fellowships and loan forgiveness. While all these efforts are needed, the shortages need to be addressed now. Travel nurses are one way to meet these needs.

Costs and orientation to the healthcare facility are often used as arguments against hiring travel nurses. Travel nurses are often paid higher wages but do not have all the benefits of a full-time employee. Fallor et al. (2018, 272)

compared the costs of full-time year-round nurses with the temporary travel nurses and found that the cost of travel nurses many times is less than the costs of the core staff nurses. Orientation of all hospital staff must meet The Joint Commission's standards ensuring that the key safety content is completed before the nurse looks after a patient. The process can be streamlined to focus on the items required by The Joint Commission and the unit the nurse will be working in (Uyeda & Johnson 2019).

Looking at patient safety we can look at safe staffing numbers, which can be addressed by ensuring low patient staff ratios, but what about quality? Do travel nurses provide the same quality of care to patients as full-time year-round nurses? In a recent study Fuller et al. (2017, 272) looked at Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores to assess patients' perceptions of their nursing care and compared them with National Database of Nursing Quality Indicators (NDNQI) on units with travel nurses. The results showed no significant difference in patient experience or quality of care. This, along with the cost analysis and shortages that healthcare is experiencing provides strong support for the continued use of travel nurses to ensure safe staffing.

Travel nurses have the same responsibilities to patients as other registered nurses within the state scope of practice. Utilizing the nursing process to assess, diagnose, plan, implement, and evaluate care of patients, administering medications and treatments as appropriate. Collaborating with other members of the healthcare team to meet the physical and psychosocial needs of patients and families. In addition, the travel nurse must learn the documentation systems and protocols of the healthcare system and ensure safe patient care (Registered Nursing 2020).

International travel nurses often have to have a working knowledge of the local language and be familiar with the scope of practice for an RN in the country they have travelled to. The role of the travel nurse is to fill a vacancy, or bridge a gap, in the workforce. This allows the healthcare facility to meet demands, ensure safe staffing, and care for patients.

Educational requirements

To be a travel nurse one needs a diploma from a hospital-based program, an associates or bachelor's degree in nursing and to have successfully past the licensing exam to become a Registered Nurse. Most travel nurse agencies require 1-2 years of minimum nursing experience in a specialty.

No other qualifications are required to work as a travel nurse, but depending on the specialty, the healthcare facility may require some certifications. For example, if taking a position in an Intensive Care Unit the nurse might need basic life support (BLS), advanced cardiac life support (ACLS) and critical care nursing (CCRN) (Registered Nursing 2020).

Whether applying for a travel position in the U.S. or abroad, the appropriate license is required. There are more than 30 states that now participate in the Nurse License Compact (NLC) this allows nurses to work in other NLC states without having to get another license (NCSBN 2020). When applying for positions, travel nurses should always ensure they have a valid license for the state or country they are planning to work in. In the case of foreign countries, licenses can sometimes take several months to process so plan ahead.

Traveling internationally can be more challenging but just as rewarding. A few companies support nurses to work in countries throughout the world. As with travel assignments in the U.S., the jobs are where there are nursing shortages, for example there are one to two-year contracts in the Australian outback, 1 year in the Middle East, or a couple of months on a Mercy ship off the coast of Africa. Some of the companies are non-profit charity organizations where the nurse will have to pay or raise money to participate in a mission to care for patients in remote areas or poor inner cities.

Conclusion

There are many different reasons for nurses to choose travel nursing, including seeing different parts of the country, financial gains, nursing experience, meeting new people, self-growth, a new challenge, control of their own time, and adventure. Travel nursing can fulfill all of these reasons and more as each new place has its own unique experience. When choosing a travel assignment nurses must first look at their own goals and then research what assignment would be best suited to achieving them. To be a travel nurse means focusing on one's strengths as a nurse and taking his or her own unique skills with them.

To be a successful travel nurse one needs to be flexible and reliable, and have strong clinical and good communication skills. Healthcare organizations are employing nurses to fill a gap and support their staff when they have a shortage, which means the nurse needs to be able to "hit the ground running." There are hundreds of travel nurse agencies that will clamor for the nurse's attention, but finding the right recruiter will help

ensure a successful placement. Asking other travel nurses for recommendations and feeling comfortable, not pressured by them, is key.

Resources and Professional organizations

Bluepipes <https://blog.bluepipes.com/pros-cons-travel-nursing/>
Doctors without Borders <https://www.doctorswithoutborders.org/>
International Council of Nurses <https://www.icn.ch/>
Mercy Ships <https://www.mercyships.org/>
NCSBN Nurse Licensure Compact <https://www.ncsbn.org/nurse-licensure-compact.htm>
Professional Association of Nurse Travelers <https://www.pantravelers.org/>
Travel Nursing Central <https://travelnursingcentral.com/>
Two Dusty Travelers: How to find an ethical medical mission trip
<https://www.twodustytravelers.com/how-to-find-an-ethical-medical-mission-trip/>
Very Well Health <https://www.verywellhealth.com/best-travel-nursing-agencies-4845995>

References

- Faller, Marcia, Bob Dent, & Jim Gogek. 2017. "A single-Hospital Study of Travel Nurses and Quality: What is Their Impact on the Patient Experience?" *Nurse Leader* 15 (4): 271-275.
- Faller, Marcia, Bob Dent, & Jim Gogek. 2018. "The ROI of Travel Nursing: A Full-Cost Comparison of Core Staff Pay rates to Travel Nurse Bill Rates." *Nursing Economics* (Jannetti Publications, Inc.) 36 (4).
- NCSBN. 2020. *Nurse Licensure Compact (NLC)*. Accessed July 16, 2020. <https://www.ncsbn.org/nurse-licensure-compact.htm>.
- Nightingale Author. 2017. *Nightingale*. October 20. Accessed June 22, 2020. <https://www.nightingalenurses.net/blog/A-Brief-History-of-Travel-Nursing>.
- Registered Nursing. 2020. "Travel Nurse." *Registered Nurse*. March. Accessed July 15, 2020. <https://www.registerednursing.org/specialty/travel-nurse/>.
- Rosseter, Robert. 2019. "Fact Sheet: Nursing Shortage." *American Association of Colleges of Nursing*. April. Accessed July 15, 2020. <https://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Shortage>