I enjoyed reading the article “Just a Nurse” in the March/April 2014 issue of MedSurg Matters! Dr. Molly McClelland, the editor of the newsletter, reminded me that our choice of words can impact how others view us and how we view ourselves.

Do you consider yourself “just a nurse?” I will admit that at times I have told others I was a nurse instead of trying to explain the difference between an RN and a clinical nurse specialist (CNS). Looking back, I believe I actually diminished my contribution to the professional practice of nursing by minimizing my role. I worked hard to become a CNS, and I believe I make a unique and significant contribution to others because of this role. So, why don’t I shout it from the rooftop? I have always been taught that humility was a virtue and it was best not to broadcast your own value. Has this attitude prevented nursing from reaching its maximum heights?

The Language of Nurses

Let’s talk about some of the language nurses typically use. I will be the first to admit I work so I can maintain my accustomed lifestyle. If I suddenly became wealthy, I would most likely quit my job and change my focus in life. Because I do not see that happening in my near future, I get up at 4:15 a.m. 5 days a week and hope that I make a positive contribution to the people I serve (staff, patients, institution, etc.). The question then becomes, do I work or do I practice? I would like to think that I practice in a professional manner while I am working! What do I mean by this? One of Merriam-Webster’s (2014) definitions of work is “the labor, task, or duty that is one’s accustomed means of livelihood.” The American Heritage (2002) defines medical practice as “to engage in the profession of medicine or one of the allied health professions.” I believe we practice, not just work. How else do you explain the commitment, compassion, and connection that are present every day, 24 hours a day, at your place of practice? What keeps you in your current position? Is it a job satisfier such as pay, or a practice satisfier such as autonomy? I hope you can say you work in a healthy practice environment.

Do you consider yourself a professional? What is a profession? Abraham Flexner’s 1910 report led to the standardization of medical education. This standardization was considered to be a major accomplishment in modern medicine. He discussed seven characteristics of a profession: (a) intellectual or learned, (b) special body of knowledge that can be expanded by research, (c) provides a practice or service, (d) requires specialized training, (e) has a moral commitment, (f) is self-organized and self-regulated, and (g) has altruistic motivations.

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If we are part of a profession, do we speak like professionals? When was the last time someone introduced himself or herself as “only a lawyer” or “just a physician?” I normally hear not only the profession, but also the specialty: “I am a corporate lawyer” or “I am an orthopedic surgeon.” Many times, I can’t get them to stop talking about their professions! This is very different from nurses. Granted, when we all get together, there is no stopping us, but do we really explain who we are and what we do to non-nurses? Or, do we say, “I’m just a nurse?”

The Academy of Medical-Surgical Nurses (AMSN) Board of Directors (BOD) had the opportunity to spend several hours with Marlene Kramer, PhD, RN, FAAN, renowned nurse, educator, and author at our last BOD meeting. Our goal was to determine how AMSN can help prepare our members for the future. Two of the topics we discussed were professionalism and the attributes of a healthy practice environment. Dr. Kramer is very committed to promoting the profession of nursing.

What best describes your position: a staff nurse, a floor nurse, or a clinical nurse? Isn’t it time we put a professional spin on our titles? To me, staff nurse and floor nurse connote a work environment whereas clinical nurse speaks to me of a practice environment. The term clinical nurse distinguishes the professional nurse from other nursing staff, as Dr. Kramer noted. She further stated that a clinical nurse must be competent in all dimensions of professional nurse competencies, including range of care, depth of knowledge, and understanding and breadth of service. Other nursing personnel (such as assistive personnel) might be proficient in one or more aspects of these dimensions but are not proficient in all of them. When the professional nurse (or clinical nurse) is placed in the nursing staff group, he or she is not recognized or validated for a specific skill level.
I believe it is time for each of us to start talking the talk because we already walk the walk! We are professionals. We study hard, learn much along the way, and engage in lifelong learning. We believe in certification and advancing our formal education. We routinely take on new challenges and initiatives that benefit our patients. We become skilled at caring for our patients undergoing new procedures or treatments. I want to distinguish myself by being recognized as a clinical nurse. I hope you feel the same. The Academy of Medical-Surgical Nurses (AMSN) is committed to changing our language about the role of the medical-surgical nurse. We will be asking authors and presenters to use the term clinical nurse, instead of staff or floor nurse or nursing staff. Change may be slow but one by one we can make a difference that will impact our status. Many of us have been called staff nurses for a long time. Let’s educate others that we are much more than that! Check out some of our AMSN PRISM Award recipients who have already instituted the title of clinical nurse.

REFERENCES