ALTERNATIVE CAREERS IN NURSING

A HOME STUDY COURSE OFFERED BY

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TABLE OF CONTENTS

Course Objectives………7

Introduction…… 7

CHAPTER ONE

History of Nursing…………………………………………………………………………………………………8

What a Nurse Is to Be……………………………………………………………………………………… 12

Current Issues………………………………………………………………………………………………………18

CHAPTER TWO

Alternative Careers………………………………………………………………………………………………19

Managed Care……20

Figure 2-1

Rising National Health Costs: 1972-1984……………………………………………………21

Health Insurance Companies……………………………………………………………………………..25

Employee Assistance Program (EAP)………………………………………………………………….25

Quality Assurance and Utilization Review……………………………………………………………27

Occupational Health……………………………………………………………………………………………..29

Long Term Care……………………………………………………………………………………………………...30

Figure 2-2

Number of elderly by age groups in the United States:

1950-2050……………………………………………………………………………………………31

Rehabilitation Nursing…………………………………………………………………………………………32

Home Care………34

CHAPTER TWO (Continued)

Figure 2-3

Growth Rate of Health Jobs by Industry Ranked Fastest to Slowest

(Six County Bay Area) 1987-1995.....35

Sales.....36

Marketing.....38

Medical-Legal Nurse Consultant.....40

Biotechnology.....42

Medical Writer.....43

International Nursing.....45

Saudi Arabia.....45

International Business.....46

World Health Organization (WHO).....46

Peace Corps.....46

Project Hope.....46

Missionary Work.....46

The Military.....46

The Army Nurse Corps.....47

Navy Nurse Corps.....47

The Air Force Nurse Corps.....48

Other Government Positions.....48

CHAPTER THREE

Entrepreneurship.....49

CHAPTER THREE (Continued)

Assessment 3-1

The Entrepreneurial Orientation Inventory……………………………………………………….53

Inventory Scoring Sheet……………………………………………………………………………….54

Assessment 3-2

Critical Event……………………………………………………………………………………………55

Assessment 3-3

Personal characteristics……………………………………………………………………………56

Assessment 3-4

Interpersonal skills…………………………………………………………………………………..58

Assessment 3-5

Business and Management Skills………………………………………………………………..59

Assessment 3-6

Nursing Expertise……………………………………………………………………………………60

Exercise 3-1

Entrepreneurial Personality Profile……………………………………………………………..61

Electronic Medical Billing…………………………………………………………………………………..62

Claims Assistance Professional……………………………………………………………………………63

Medical Transcription…………………………………………………………………………………………63

CHAPTER FOUR

Making the change……………………………………………………………………………………………65

Figure 4-167

Needs Related to Career…………………………………………………………………………..70

CHAPTER FOUR (Continued)

The Search

Table 4-1

Adult Developmental Stages and Nurses' Career Stages………………………………….70

Exercise 4-1

Your most cherished Values……………………………………………………………………….71

Exercise 4-2

A Modified Interests Inventory………………………………………………………………72

Table 4-2

Interest Categories and General Themes……………………………………………..72

Exercise 4-3

Identifying Your Needs………………………………………………………………………………76

Exercise 4-4

Profile of Your Unique Personal Characteristics……………………………………………77

Exercise 4-5………………………………………………………………………………………………77

Table 4-3

Timeline Chart for Goal and Objectives……………………………………………………79

Exercise 4-6

Interview Questions and Findings……………………………………………………..80

References……………………………………………………………………………………………………..81

Appendix……………………………………………………………………………………………………….82

Post-Examination……………………………………………………………………………………….84

COURSE OBJECTIVES

Upon successful completion of this home-study course, the student will be able to:

1. Discuss how nursing has changed throughout history.
2. List Florence Nightingale's contributions to nursing.
3. Discuss 16 alternative careers in nursing.
4. List the personal characteristics of a successful entrepreneur and decide if he/she has these qualities.
5. Identify career alternatives he/she would like to pursue.
6. Identify personal characteristics which will affect one's choice of a career.
7. Develop career goals.
8. Develop a career action plan.

INTRODUCTION

Nursing is a more exciting and versatile career than ever before. While hospital budgets are slimming down and nurses are finding less work in acute care settings, many other interesting areas have opened up. There is literally something for every personality type and interest area. Those with a mind for business have access to the corporate environment through many different career avenues. Nurses can satisfy their creativity through writing, their scientific curiosity in biological technology and a penchant for justice through the law. Someone with an independent spirit might want to explore the idea of entrepreneuring a small business. And for nurses who want to continue giving primary care, there are alternative careers for you as well.

Most nurses have developed certain characteristics which make them very desirable to employers. The attention to detail, ability to function under stressful circumstances, well-developed communication skills and a strong work ethic, are only a few of the qualities common to nurses which make them highly marketable in any career. The education, skills and professionalism of nursing transfers well into other career areas.

The vision of a nurse in a white uniform is archaic for our times. Nurses now have many different styles of uniforms—the business suite, flight jumpsuit, military uniform and even jeans and sneakers for someone with a home-based business. For many, clinical nursing serves as a launching pad to get the necessary experience and professional contacts to move on into other specialty areas.

A career should be an expression and extension of one's self. It should be enjoyable, interesting and fulfill a much higher purpose than simply bringing home a paycheck. With all the options available today, there is no reason for anyone to feel stuck in a job they don't enjoy.

This course begins with a travel through history, to see how much nursing has changed over time. It has always been a profession in transition. You will see that the many diverse areas of nursing were created by strong-willed and dedicated nurses who saw a need and fought to implement services. It is no different today. Nurses have made exciting opportunities for themselves and have proven their value

outside the hospital. Sixteen different career alternatives will be explored, along with the idea of entrepreneurship. Then you will have the opportunity to develop your own career goals and a career action plan after exploring the values, needs and personal interests that motivate you.

Enjoy this exciting exploration of the opportunities available to you as a nurse, as well as the process of self-discovery needed to achieve your desired goals.

CHAPTER ONE

HISTORY OF NURSING

Nursing is a constantly evolving profession. If nurses are to survive the ebb and flow created by politics, social structures, the economy and technology, they must evolve as well. For a nurse to limit his or her vision of a nurse's role is to cut oneself off from the many opportunities created by the changes that occur in the whole world picture. The scope of nursing is immense, and as anyone who has been in the profession greater than ten years can attest to, the changes are constant. By a study of the history of nursing one can perhaps gain some comfort from seeing that it has been a profession in constant flux for hundreds of years and that it will more than likely continue to do so. Though change creates feelings of stress and anxiety, the outcome is generally one of greater advancement of the profession, as well as increased opportunities for nurses. Hospital nursing has been the calling for most nurses in the last half century. But it has not always been so. Now, as hospital opportunities wane and other areas of health care beckon, it is interesting to note where we've come from.

We tend to think of Florence Nightingale as the mother of nursing, yet certainly individuals who cared for the sick existed long before she intervened. In early civilizations the sick were cared for at home by a female family member. It appears the first hospitals came into being around 750 B.C. and can be credited to the genius of Roman progress, while they pioneered in areas of sanitation including aqueducts, sewage systems and baths. These hospitals were detached buildings where valuable slaves from Roman estates were cared for. In addition, convalescent camps were created to treat sick and injured soldiers (Kelly 1991). The care of the sick outside the home would have been delegated to men at this time, since the status of women was so low. They were not allowed any kind of education or involvement with the community. Women were completely confined to their homes and family duties (Kelly 1991).

In the first five centuries of Christianity, care of the sick was turned over to the church. Deacons and sometimes deaconesses were responsible for this care. Even so, not all deaconesses were ordained by the church fathers, who resisted giving too much recognition or freedom to women. Widows over 60 years of age, and sometimes virgins, were allowed to give care to the sick. Monastic orders in the Middle Ages, A.D. 500 to 1500, were responsible for care of the sick. These orders were composed of monks and nuns and were more concerned with the religious welfare of patients than physical ailments. Nursing orders proliferated during this time of the Crusades, the military expeditions undertaken in the eleventh, twelfth and thirteenth centuries by Christians to recover the Holy Land from the Moslems. From all over Europe men, women and children marched to do battle in Jerusalem. Few were prepared for the arduous mission, thus hospitals arose as need increased. The nursing orders had names such as;

The Order of St. Benedict, The Kings Hospitallers and The Hospital Brothers of St. Anthony, and performed specifically dedicated functions, such as caring for only lepers, or those wounded on the battlefield, or those afflicted with an ailment called St. Anthony's Fire. In many cases, men comprised much of the "nursing" staff because attitudes toward women often limited them to the care of women only.

By the end of the Middle Ages many hospitals existed all over Europe, particularly in the larger cities such as Paris and Rome and in England. Nursing care at this time was quite basic, limited to bathing, feeding, giving medicines, making beds and assisting patients with necessary activities.

The Renaissance in the fourteenth century saw a separation of hospital and church. Huge strides were made in the area of science during this period and care of the sick became much more skilled.

The Reformation of the sixteenth century again brought about changes in care of the sick. This was a religious movement which led to the formation of Protestant churches as individuals revolted against the supremacy of the pope and the Catholic Church. Many monasteries closed, which meant that those who had been largely responsible for care of the sick disbanded, creating a huge void in health care. From this point on, male nurses almost totally disappeared from the scene and nursing became what we are accustomed to today, primarily female dominated. Those women hired to perform nursing duties were deaconesses and other elderly women. Young women were still to devote their lives to family.

By the end of the eighteenth century, nursing was becoming recognized as an important service. Diderot included a comment about nursing in his Encyclopedia, a formidable book of knowledge for its time. Though not a particularly dignified or flattering description of nursing, the book, nonetheless, acknowledge its importance. He is quoted as saying that nursing "is as important for humanity as its functions are low and repugnant" (Kelly 1991). It is doubtful this commentary would draw many to nursing schools in this day and age. The first nursing textbook was published in Vienna in the early eighteenth century, another indication of the recognition of nursing as a vocation needful of specific information, skills and guidelines.

The Industrialization of Europe during the mid-nineteenth century, the Victorian Era, again saw a change in the type of individual who was to nurse the sick. Graciousness and elegance were the life-style of the time. A woman's mission in life was to carry out the traditions and duties of family. This is not so different from the thousands of years preceding, however, the Victorian Era brought in more rigid moral and behavioral standards. The image of woman was feminine, elegant, dainty and fragile. She was not to be affronted with the baseness of life. Certainly this would include caring for the sick. The common women worked mostly as servants for the more affluent. And men, women and children worked under inhumane conditions in factories. Thus, the care of the sick was relegated to the outcast women, the unsavory types, such as prisoners and prostitutes. Once cared for by devotees of the church, patients now received the unskilled and most probably uncompassionate attention of those with nowhere else to go. Health conditions during this time were deplorable, with epidemics such as cholera wiping out entire cities. Many children were orphaned as a result and abandoned in almshouses. The times were ripe for reform, and many scientific advancements did occur during this time, such as Louis Pasteur's

formulation of the germ theory of disease, and Robert Koch's identification of the tubercle bacillus which resulted in reductions in loss of life from tuberculosis. Wilhelm Rontgen discovered x-rays in 1895, which led to the later discovery by Pierre and Marie Curie of radium in 1898. While science and medicine were changing and advancing rapidly, the benefit of such milestones could only be marginal while patients were cared for in deplorable conditions and by unskilled workers. Enter Florence Nightingale, a revolutionary woman of her time.

Called the founder of modern nursing, Florence nightingale was an extremely controversial woman of the Victorian Age. Yet because of her high standing in society, her connections with powerful men, the decision makers of the time and her well developed education, she was able to affect the most profound impact on the care of the sick than any other single individual. She developed a new system of nursing education and health care, and also improved the social welfare systems of the time. Her accomplishments include the following:

1. Improved and reformed laws affecting health, morals and the poor.
2. Reformed hospitals and improved workhouses and infirmaries.
3. Improved medicine by instituting an army medical school and reorganizing the army medical department.
4. Improved the health of natives and British citizens in India and other colonies.
5. Established nursing as a profession with two missions – sick nursing and health nursing (focusing on prevention; the forerunner of Public Health).

A caring and compassionate woman, she was no less aggressive and driven as an administrator and planner who literally forced change in the intolerable social conditions of the sick and poor of that time (Kelly 1991). This was an age when women were totally dominated by men. It was undesirable for a woman to have any kind of education, to show intelligence or interest in anything other than household concerns. Nightingale, encouraged by her wealthy and well educated family, acquired an education far superior to even most men of the time. Portraits and descriptions of her show a slender, attractive and fun-loving individual, whose patients also referred to her as attractive, warm and light-hearted.

Sneering at the popular view of nursing at the time, she wrote the following:

> It seems a commonly received idea among men and even some women themselves that it requires nothing but a disappointment in love, the want of an object, a general disgust, or incapacity for other things to turn a woman into a good nurse. This reminds one of the parish where a stupid old man was set to be schoolmaster because he was 'past keeping the pigs'. The everyday management of a large ward, let alone of a hospital – the knowing what are the laws of life and death for men, and what the laws of health for wards (and wards are healthy or unhealthy, mainly according to the knowledge or ignorance of the nurse) – are not these matters of sufficient importance and difficulty to require learning by experience and careful inquiry, just as much as any other art? They do not come by inspiration to the lady disappointed in love, nor to the poor workhouse drudge hard up for a livelihood. (Kelly 1991).

Nightingale sought to change the image of nurses at a time, who were workhouse inmates and well-known for their drunkenness and thievery. A Nightingale nurse was scrupulous in her moral behavior and appearance, education and skilled, completely dedicated to her profession and obedient to the system for which she worked.

One of her greatest accomplishments came from her contribution to battlefield hospitals during the Crimean War. In 1854 Nightingale was appointed by the government to lead a group of nurses to the Crimea in order to provide care that had been virtually non-existent and under deplorable conditions. She reduced a death rate of sixty (60) percent for hospitalized soldiers to one (1) percent by the end of the war. In addition to improving health care to soldiers, she also began a program of social welfare among the soldiers, which included among other benefits, the provision of sick pay (Kelly 1991).

Despite all her power, influence, and independence, history reveals her insistence on the physician's authority overall; she deferred to physicians and insisted upon the same from her nurses. She may well be the originator of the "doctor-nurse game" we experience today. It is also interesting to note that, while she so obviously improved the welfare of the sick, complementing the efforts of physicians to keep their patients alive, she was deeply resented by many doctors. Many felt that it was a waste to educate nurses and did not seem to understand that nursing was anything more than the performance of menial tasks of which anyone could be trained to do. One physician remarked, "A nurse is a confidential servant, but still only a servant. ….She should be middle-aged when she begins nursing and if somewhat tamed by marriage and the troubles of a family, so much the better" (Kelly 1991).

In 1860, Nightingale established a training school for nurses. This was a one year program which included studies unheard of up to this time for nurses, in subjects such as chemistry and physiology. The education included information on hygiene, sanitation and nutrition. She was an advocate of preventive care, and at age 74 established what she termed "Health Nursing", the forerunner of Public Health.

When asked to supply nurses for particular positions, she outlined to the employer the specific details of their housing conditions, holidays, salaries and retirement benefits. Not only was she an educator and administrator, apparently she was an unofficial union leader as well. She believed that women should be paid as highly as men and that if they were not adequately compensated, intelligent, independent women would not be attracted to nursing. Sound familiar?

Nightingale was insistent that nurses were to perform nursing duties, which did not include such things as cleaning, laundering and fetching. Her comment on this was, "if you want a charwoman, hire one" (Kelly 1991).

A devotee of higher learning, she felt strongly about continuing education for nurses, seeing nursing as a progressive art. "A woman who thinks of herself, 'Now I am a full nurse, a skilled nurse. I have learnt all there is to be learned', take my word for it, she does not know what a

nurse is, and she will never know: she has gone back already" (Kelly 1991). She herself is credited with being the first nurse researcher, and published many books and articles.

While Nightingale exuberantly fought for the rights of nurses, she was equally zealous in her expectations of her charges. When requests were made for Nightingale nurses for particular appointments, she hand-picked her staff and only assigned those of the most scrupulous characteristics. Her expectations would be a challenge for most of us today, but it must be remembered that she strove to dramatically turn around an unsavory image of nursing as well as the deplorable conditions of the health care system. If she were heavy-handed in her requirements, it might well be the only method to have made such a dramatic shift at that time. Following is an excerpt from an article by Florence Nightingale on "Nurses, Training of and Nursing the Sick".

What a Nurse Is To Be

A really good nurse must needs be of the highest class of character. It need hardly be said that she must be:

1. Chaste, in the sense of the Sermon on the Mount; a good nurse should be the Sermon on the Mount in herself. It should naturally seem impossible to the most unchaste to utter even an immodest jest in her presence. Remember this great and dangerous peculiarity of nursing, and especially of hospital nursing, namely, that it is the only case, queens not excepted, where a woman is really in charge of men. And a really good trained ward "sister" can keep order in a men's ward better than a military ward-master or sergeant.
2. Sober, in spirit as well as in drink, and temperate in all things.
3. Honest, not accepting the most trifling fee or bribe from patients or friends.
4. Truthful – and to be able to tell the truth includes attention and observation, to observe truly – memory, to remember truly – power of expression, to tell truly what one has observed truly – as well as intention to speak the truth, the whole truth and nothing but the truth.
5. Trustworthy, to carry out directions intelligently and perfectly, unseen as well as seen, "to the Lord" as well as unto men – no mere eye-service.
6. Punctual to a second and orderly to a hair – having everything ready and in order before she begins her dressings or her work about the patient; nothing forgotten.
7. Quiet, yet quick, quick without hurry; gentle without slowness; discreet without self-importance; no gossip.
8. Cheerful, hopeful; not allowing herself to be discouraged by unfavorable symptoms; not given to depress the patient by anticipations of an unfavorable result.
9. Cleanly to the point of exquisiteness, both for the patient's sake and her own; neat and ready.
10. Thinking of her patient and not of herself, "tender over his occasions" or wants, cheerful and kindly, patient, ingenious and feat. (Kelly 1991)

Nightingale's influence even extended to the United States, where she consulted with the Union on hospital organization. While she was active in changing the face of nursing in England, other notable women were exerting their influence in the United States. The shift in health care in the United States began during the Civil War. Prior to this no organized system of care for the sick and wounded existed. Louisa May Alcott, Georgeanna Woolsey, Mary Ann Bickerdyke and even Walt Whitman are some of those who worked at organizing hospitals during the war. Even during such a great time of need as the war, nurses were not welcomed or appreciated by the physicians. Woolsey wrote that the surgeons treated the nurses without even common courtesy, and attempted to force them away by making life unbearable. Though there were some qualified doctors at the battlefield, apparently many were incompetent, drunk much of the time and often refused to attend the wounded. Bickerdyke managed to have many of these physicians dismissed as result of her friendships with Generals Grand and Sherman.

The Civil War opened up nursing to a large number of women, particularly the well-bred ladies, who might otherwise never have entered the field. These women, Georgeanna Woolsey among them, were instrumental in leading the movement towards establishing training schools for nurses in the U.S.

Remember that during the Victorian Age it was considered base and unlady-like for a woman to be educated or to work outside the home. This attitude, along with the barriers put up by physicians; make it a truly amazing accomplishment that nursing and nursing schools became established at all. In 1871, the editor of *Godey's Lady's Book*, the most popular woman's magazine of the time, wrote an article which is surprisingly progressive and modern for the time. The following is an excerpt from "Lady Nurses":

> Much has been lately said of the benefits that would follow if the calling of sick nurse were elevated to a profession which an educated lady might adopt without a sense of degradation, either on her own part or in the estimation of others…..
>
> There can be no doubt that the duties of sick nurse, to be properly performed, require an education and training little, if at all, inferior to those possessed by members of the medical profession… The manner in which a reform may be effected is easily pointed out. Every medical college should have a course of study and training especially adapted for ladies who desire to qualify themselves for the profession of nurse; and those who had gone through the course, and passed the requisite examination, should receive a degree and a diploma, which would at once establish their position in society. The graduate nurse would in general estimation be as much above the ordinary nurse of the present day as a professional surgeon of our times is above the barber-surgeon of the last century. (Kelly 1991)

Fortunately, more physicians began to support the idea of trained nurses. At a meeting of the American Medical Association in 1869, it was stated that it was "just as necessary to have well-trained nurses as to have intelligent and skillful physicians (Kelly 1991)". In 1872 a training school for nurses was established at the New England Hospital for Women and Children, which was staffed by women physicians. This was a one year program which consisted primarily of

students providing nursing care to patients from 5:30 A.M. to 9:00 P.M., with an occasional lecture. Students had a free afternoon every second week from 2:00 to 5:00 P.M. The first student graduated from this rigid program was Melinda Ann (Linda) Richards, who has been referred to as America's first trained nurse, and later became a key figure in nursing education.

By 1873, three more schools were established using the Nightingale model. One of these was the Bellevue Training School in New York City, where much of our present-day nursing practice was first implemented. These milestones include interdisciplinary rounds, where nurses gave report using nursing care plans; patient record-keeping and writing of orders; and the first nursing uniform was borne, initiated by a stylish aristocrat named Euphemia Van Rensselaer. These schools became quite successful and popular which resulted in their rapid proliferation, from 15 in 1880 to 1,105 in 1909 (Kelly 1991). These were hospital-based diploma schools which took advantage of the students who provided virtually free labor. The only graduate nurses in the hospital were the superintendent and one or two supervisors.

Most of the graduate nurses found private duty positions in the homes of the affluent, since so few positions actually existed in hospitals for graduate nurses. Hospitals employed only a few supervisors, and students comprised the staff. In the private duty positions nurses could earn a salary ranging from $10 a week to a very rare $20. Other working women at the time earned $4 to $6 a week. Though nurses earned more, they were also available as a servant to the family on a 24 hour basis, and were lucky to have any time off at all (Kelly 1991). Choices for women at this time were terribly limited. Higher educations for women meant learning to type or teach and these skills were seldom taught in universities. Women were rarely admitted to colleges or universities. Consequently, the hospital-based nurse training programs received hundreds to thousands of applications a year. Though ultimately, attrition was about 75%, once students had a taste of the difficult and unpleasant living and working conditions (Kelly 1991). Students were poorly housed, overworked and apparently even under-fed. Particularly disturbing is the fact that they were completely unprotected from life-threatening illness. Apparently it was not uncommon for 80% of a graduating class to have a positive tuberculin test. Nursing students were true martyrs, and this seemed to be the expectation.

At this time it was very rare for a man to be admitted to a training program, and apparently very few applied. When men were accepted, they received a shorter training program and were called "attendants" rather than nurses.

Meanwhile, despite the growing popularity of training schools and hospital exploitation of nursing students, much of the medical community continued to feel threatened and voice their objections. The following is taken from a medical journal article by a disgruntled physician:

> Training, as we understand it, is drilling and a person who is to carry out the instructions of another cannot be too thoroughly drilled. Pedagogy is another matter. We have never been able to understand what great good was expected from imparting to nurses a smattering of medicine and surgery…. To feed their vanity with the notion that they

> are competent to take any considerable part in ordering the management of the sick is certainly a most erroneous step.
>
> The work of a nurse is an honorable “calling” or vocation, and nothing further. It implies the exercise of acquired proficiency in certain more or less mechanical duties, and is not primarily designed to contribute to the sum of human knowledge or the advancement of science. (Kelly 1991)

However, not to paint a completely negative picture of the influence of the medical community on nursing, there were some physicians who voiced support of the idea of nursing as a profession rather than a trade. Dr. Richard Cabot made a statement in 1901 regarding suggested reforms for nursing schools:

1. Nurses should pay for their training and be taught by paid instructors. (As opposed to working like slaves under nursing superintendents.)
2. Nursing should be taught by nurses, medicine by physicians.
3. The nurse’s training should not be entirely technical. (Kelly 1991)

The two decades surrounding the turn of the century saw a flurry of activity around the advancements in nursing and the expansion of the nurse’s role into many other areas besides simply the bedside. Nurses in need of jobs became creative, turning social need into their professional advantage. These nurses pioneered in areas unheard of at the time, at a time when women were given little credibility, and the role of a trained nurse still controversial. Their fortitude and creativity should provide encouragement to nurses in the 1990’s.

Community Health Nursing, or Public Health Nursing, was begun in 1893 by Lillian Wald who moved with colleague, Mary Brewster, to an immigrant neighborhood in the Lower East Side of New York City to serve the poor community. They not only tended to the health needs of their clients, but sought to integrate the other social services available to totally meet the needs of the poor.

Lillian Wald worked to establish nurses in schools. She convinced the school board of the efficacy of such a service, and by 1903 the board began to appoint nurses to the schools. Prevention was emphasized, thus keeping attendance up while reducing illness.

Industrial nursing found its inception at the Vermont marble Company in Proctor, Vermont in 1895. A nurse was hired to provide “district nursing” service to employees of the company. Again, prevention and teaching “habits for healthy living” were emphasized (Kelly 1991).

The Spanish-American War at the end of the century once again made evident the need for nurses to care for sick and injured soldiers. While the attitude of military authorities and physicians remained hostile towards nurses caring for military personnel, a group of influential women, some of whom were nurses, lobbied through a bill, which led to the establishment of the Army Nurse Corps in 1901. In 1908, a Navy Nurse Corps was also established.

Other advances in nursing practice include the setting of nursing standards. Improving curricula, writing text-books, starting two enduring professional organizations (The American Nurses' Association and The American Red Cross) and a nursing journal (The American Journal of Nursing), establishing a teacher training program in a university and initiating nursing licensure (Kelly 1991).

Before nursing licensure became a law, there were still many thousands of untrained nurses competing for positions with graduate nurses (15,000 untrained nurses in New York at the time, as opposed to 2,500 who were trained). (Kelly 1991) Nurses were able to receive certificates from correspondence courses or even by purchasing a certificate stating they were trained nurses. The nurses who fought for strict criteria for licensure met opposition, not only from physicians who did not support the idea of trained nurses, but also from hospitals and others who were able to employ these non-graduate nurses for far less than the graduates. In 1903, North Carolina, followed by New Jersey and then New York became the first states to register nurses by the new standards under law, and the term Registered Nurse was borne. This law was pushed through by dedicated women at a time when women could not even vote! This ushered in changes in training program curriculums, most expanding to three years, and a more humane program for the student. The hours students served in hospitals was reduced, and even further protected under labor laws passed in 1911, restricting women to eight hours of work per day.

Ten years after these first three states passed licensing laws, 38 additional states had done the same. However, this still did not preclude non-licensed nurses from calling themselves "nurse" and obtaining work. The first mandatory law in regards to licensure was passed in New York in 1938, and implemented in 1944.

In the early 20th century, Public health Nursing began to expand as awareness of social needs heightened. By 1916, public health nurses were functioning as welfare workers, sanitarians, housing inspectors and health teachers. Margaret Higgins Sanger established the first birth control clinic in America after witnessing the chronic, unwanted pregnancies of her patients on the Lower East Side of New York, and women dying from self-abortion tactics. She believed in the free dissemination of birth control information, for which she was arrested and spent 30 days in the workhouse. Despite this, she continued to fight for her cause.

Anesthesia is another area that opened up for nurses. Apparently as early as 1877 the Mayo brothers trained two nursing sisters to assume this duty at the Mayo Clinic. In 1909, a course for nurse anesthetists was established in Oregon.

In the period following World War I a nursing shortage occurred. This is partly due to an image problem that existed at the time, and is felt to continue to haunt nursing. By many, nursing was viewed as arduous, low paying work. Also, nursing education was suffering due to lack of funds. And still, despite licensure requirements, individuals could obtain a certificate from an unregistered program and compete in the job market for lower pay alongside licensed nurses. They could not legally call themselves registered nurses, but they could still apply for jobs as nurses, and often usurped the registered nurses in these because they would work for less.

The stock market crash of 1929 brought unemployment to as many as 10,000 graduate nurses. In the American Journal of Nursing it was common to see notices warning nurses not to come to specific areas in search of work. Hospitals continued to exploit students as cheap labor, and the affluent families who at one time hired private duty nurses could no longer afford such a luxury.

Help came when the Roosevelt Administration allocated funds for visiting nurses to the indigent under the Federal Emergency Relief Administration. Ten thousand nurses found jobs in public hospitals, clinics, public health agencies and other health services.

Though there were men graduating from nursing programs, generally exclusively male in attendance, they were discriminated against until after World War II. It was felt by the powerful influences in and out of nursing that men did not fit the image of nursing. Since the image of nursing was largely one of maternal nurturance or angel of mercy, a man's masculinity was questioned if he entered the field. And it is interesting that, while female nurses in the armed forces were granted full commissioned status in 1947, it was not until 1954 that male nurses were admitted to full rank as officers and this in the male dominated military.

World War II again saw great demand for nurses, with the usual postwar nurse shortage. At this time it was found that only one of six Army nurses planned to return to her civilian job (Kelly 1992). Nurses found the pay and working conditions in the service superior to civilian nursing jobs. One survey showed that only 12% of nurses queried stated they would make nursing a career (Kelly 1991). Most preferred to work part-time after marriage or retire from the field entirely. Nurses still were not paid well. In 1946, staff nurses were making about $36 for a 48 hour work week (Kelly 1991). This was even less than typists or seamstresses, and naturally far less than men.

To accommodate this shortage, the hiring of nurses aides and practical nurses (LPN or LVN) became a popular solution. Nurses with little or no education would work under the supervision of a physician or RN, and would save the hospital money. Many physicians still believed it was unnecessary to hire educated nurses to care for the sick, and saw this as an adequate solution. This is how the concept of team nursing was started, with patient care being delegated to nonprofessionals, and the RN Team Leader relegated to the increasing amounts of paper-work and medication rounds. By 1952, a shocking 56% of nursing personnel in hospitals consisted of nonprofessionals (Kelly 1991).

The postwar nursing shortage may also have been due to the difficulties nursing programs experienced at this time, and the subsequent negative image of nursing as a career. Standards had fallen in the diploma programs; teachers were inadequately prepared and students were still being required to provide nursing care in the host hospitals. Often two-thirds of the hours of care were delivered by students (Kelly 1991). Though some baccalaureate programs existed, curriculums were not standardized and it was difficult to determine which offered a good education. Most nurses at this time were still being trained in 3-year hospital-based diploma programs.

The first enduring baccalaureate program in nursing was founded in 1909 by Dr. Richard Olding Beard at the University of Minnesota. Students took specialized university courses, but also worked a 56-hour week in the hospital, and after three years were still awarded a diploma rather than a degree. Soon

other colleges and universities adopted this idea, developing a five-year program consisting of two years of college and three years in a diploma school. This became a rather common program through the 1940's. Curriculums varied dramatically from one program to another. The Brown report in 1948 indicated that nursing education was far from professional. Shortly after this, the National League for Nursing (NLN) began the process of accreditation for nursing programs. Those schools that met the rigid standards were placed on a published list so that potential students could better choose a reputable program. This resulted in the eventual closure of the non-accredited schools which did not meet the high standards of the NLN.

Still, baccalaureate and diploma programs excluded many potential students from applying. They would not accept male and black students, and they insisted on unmarried applicants, with a rigid paternalistic approach to the guardianship of student's lives while in the program. Married students and men were still being excluded from many programs into the late 1960's. With the proliferation of community colleges after World War II, these individuals found opportunities in the Associate Degree (AD) programs being offered at the community college level. These programs, as well as the practical nurse programs, became the most popular avenue for nursing education of that time. This eventually helped to loosen the rigid control over nursing student's lives in both diploma and baccalaureate programs.

In 1965, the ANA issued its Position Paper on Education for Nursing, stating that the education of nurses should take place in institutions of higher learning. Since then, the gradual closure of hospital-based diploma programs has taken place. This was the beginning of positive change in the education and practice of nursing, the recognition of the professional nurse and the struggle for nursing autonomy (Kelly 1991).

CURRENT ISSUES

Throughout history, nursing has experienced constant change as a result of the political, social and economic climate. The 1980's and 1990's present such a picture again. In the 1980's nursing school enrollment dropped dramatically as a new generation of women experienced expanded opportunities in other career arenas, nursing salaries were not competitive with salaries in other areas, especially business and high technology. The image of nursing was still not a positive one. Turnover was high and burn-out common. More and more career opportunities began to open up for nurses in areas other than acute care hospitals. Nurses found they received greater satisfaction and recognition in these other areas and what resulted was a nursing shortage even those outside the area of health care referred to as a crisis. The New York Times, Time Magazine and the Wall Street Journal ran headlines on the nationwide nursing shortage. There seemed to be no end in sight, and commissions on both private and governmental levels were formed to study the problem and find solutions.

This became a very creative time in nursing, and nurses found they could virtually write their own ticket in hospitals, working out a schedule, salary and benefit package to meet individual needs. Salaries were improved; nurses were offered a full 40-hour salary for simply working every weekend; health insurance benefits were offered at 20 hours per week; sign-on bonuses were used to entice nurses back into

hospitals; day care offered; educational opportunities were made available and any number of other attractive perks began to draw nurses back into acute care.

Then what happened? In the late 1980's health care began to suffer from restrictions in coverage for Medicare and other insurance carriers. This reduced the number of days of hospitalization a patient could receive, and minimalized the types of procedures which could be covered. Over time, hospitals began to experience greater and greater reductions in census, as well as receiving less than adequate reimbursement for care. Nursing structure had returned to primary nursing, with the elimination of non-licenses and non-RN staff. Thus, all those employed in hospitals to care for the patient at the bedside were relatively highly paid. Budget cuts have been seen across the country, with massive lay-offs of nursing and other allied health personnel in an attempt to keep hospitals operating at a minimal cost.

Whether a victim of hospital budget cuts, or simply in the market for an interesting career change, be assured that a nursing education and experience acquired in any aspect of the profession are transferable to other career areas. There are valuable skills, aptitudes, personality characteristics and work ethic attitudes that go along with a nurse's profile.

Given what we have seen of nursing in history, we can only assume that the course of nursing will change again in time, shifts in health care will naturally occur and nursing demand will once again change, or divert into other areas. Nursing, despite the economy and the bleak picture in acute care hospitals, is still a versatile and viable career option, one that can be lucrative, can be prestigious, and can be creative, flexible, glamorous, challenging and rewarding. Though a nurse may wear a business suit rather than a uniform, or walk the halls of a courthouse rather than a hospital ward, he or she is still a nurse and can have a great impact on the quality of patient care. The following chapter will prove just how far nursing has come. Enjoy the adventure!

CHAPTER TWO

ALTERNATIVE CAREERS

The face of health care is changing. In order to make a positive career move it is necessary to heed the trends and to channel your particular interests and talents in a direction compatible with the future of the entire industry. In general, the concept of decreasing costs while providing a high quality of care has become a symbol of the new way of health care into the next century. Hospitals are beginning to operate much more like corporations than our nursing predecessors might ever have dreamed. Competition has become intense between the various health care providers, who depend on the expertise of marketing departments to keep beds filled and revenue up. In the past decade, we have witnessed hospital mergers, budget cut-backs and massive lay-offs of nursing staff. This alone has created a huge shift in the concentration of nurses from acute care facilities into the many other disseminated branches of our health care system.

With the advent of Medicare's diagnosis related guidelines (DRG's) we began to see stricter criteria for hospitalization of patients as well as dramatically decreased lengths of stay. One can imagine a scale,

whereupon the patient's entire course of illness is weighed. While acute care hospitalization is greatly reduced, the patient's dependence upon other extended services, such as home care, long term care and rehabilitation has dramatically increased.

Without regulation, health care costs were allowed to soar, while at the same time experts began to question whether patients were actually receiving appropriate and timely treatment, or were they becoming victims of a system out of control. Cost containment and quality of care are now buzz words in the industry, and have brought about such entities as Health Maintenance Organizations (HMO's), Preferred Provider Organizations (PPO's), Managed Care, Utilization Review and Quality Assurance.

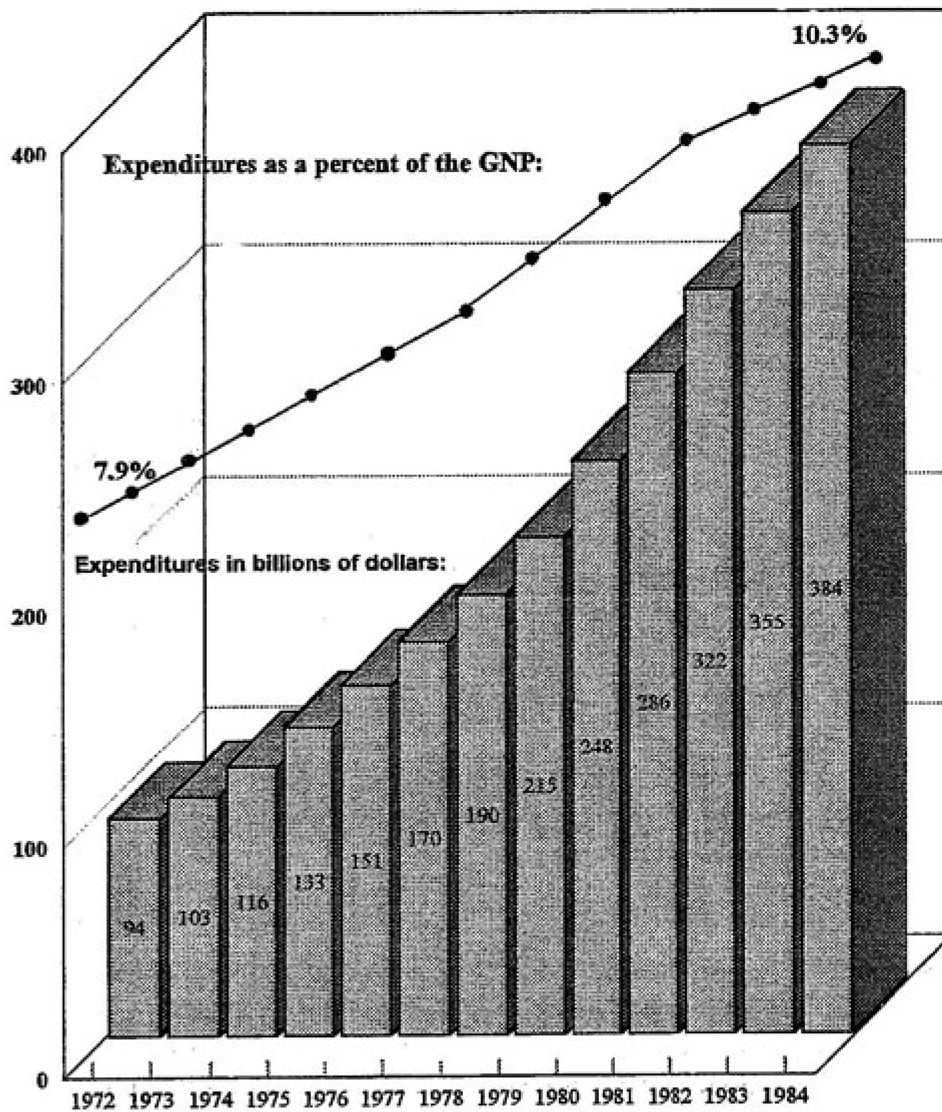
All of these trends have opened up a plethora of opportunities for nurses throughout the health care industry. Nurses have many more choices now than ever before, and can take their education, experience, talents and skills into a wide variety of fascinating career options. Whether the nurse is business-minded or still enjoys the rewards of the bedside, the right career opportunity can be found to meet every need and goal.

Through there is an expansive list of careers nurses might pursue, this course is particularly focused on what is available outside of acute care hospitals and those that are stable and viable options for our economic times. Certain specialties, such as school nursing, though rewarding and interesting, are being gradually phased out from many school districts and is therefore not discussed in this course. It also serves to introduce nurses to career options which can be fairly easily entered, without advanced degrees or elaborate training. Though experience might be desired by an employer, individuals who are bright, professional, confident and assertive can often break into a new area successfully. With a look towards the future, the following career alternatives present a variety of experiences for nurses to chose from and pursue.

MANAGED CARE

Managed care came about as a remedy to the spiraling costs of health care. Without guidelines and management, health care costs were allowed to rise out of control over the past several decades. Figure 2-1 indicates that national health costs increased by more than four fold in a twelve year time span. The aim of managed care companies is to decrease these costs while insuring high quality of care to patients. Managed care works with insurance companies in a hand-in-glove type of relationship. Each patient's case is monitored by a case manager for appropriate and timely treatment. The treatment is constantly evaluated for effectiveness so that if the patient is not showing improvement in an expected period of time, an alternative method can be suggested. This exerts some control on a provider, who without such restrictions might suggest batteries of tests and courses of treatment without justification or evidence of improvement. Managed care protects insurance company dollars as well as being an advocate for patients, protecting them from exploitation by providers of health care, and insuring that they are receiving necessary and beneficial treatment.

Figure 2-1 Rising National Health Costs: 1972-1984



From Bureau of Data Management and Strategy, Health Care Financing Administration.

Managed care is an efficient approach to administering health care services. It aims to integrate clinical and financial aspects of patient care and to identify variables that prevent the patient and physician from reaching an achievable outcome within a reasonable period of time (Larter 1992). The aim of managed care is to collaborate with other health care professionals in a team approach, to insure the best quality of care, to avoid fragmentation in the patient's care and to shift away from a protective turf mentality in which all parties act independently according to their own priorities and goals (Larter 2992).

There are several aspects to managed care. The first is assessment of the patient's problem. Next are the planning, procurement, delivery and coordination of services. And finally, monitoring to assure that the multiple service needs of the client are met.

Managed care can exist as a function or department within the general makeup of an insurance company, or it can exist as a separate business altogether, forming contracts with various insurance companies to provide their managed care services. For example, Blue Shield of California now has a managed care approach to dispensation of benefits, and hires case managers as employees of their own organization. However, US Behavioral Health (USBH) is an example of a company which works ***with*** insurance companies to provide managed care of mental health services. In like manner, Kemper National Services, Inc. works ***with*** insurance companies to manage medical and workers compensation cases.

Kathi Walsh of USBH explains that the concept of managed care for mental health is less than ten years old; for medical care it has been around only slightly longer. Managed care for mental health was developed, Walsh explains, after the elimination of the "certificated need requirement" under President Reagan. This resulted in for-profit hospitals billing in a completely unregulated manner, causing health care costs to sky-rocket. Chemical dependency treatment had become popular, with "individuals entering in-patient treatment in droves". The cost to insurance companies became overwhelming and unmanageable. Particularly in a for-profit situation, a patient could easily be exploited, and thus managed care was borne to see that this did not happen.

Walsh explains that USBH establishes contracts with providers who can demonstrate that they offer high quality care. They manage the patient's benefits in a cost efficient way by being able to provide quality services at a discount through these contracted providers. They try to use the patient's benefit in a more creative way. For example, they will attempt outpatient treatment and/or medication before considering a costly in-patient treatment program, unless it is a psychiatric emergency which would require immediate hospitalization.

USBH also establishes contracts with employers to manage the mental health benefit portion of employees' health insurance. If the company has an Employee Assistance Program (EAP), USBH works in conjunction with the EAP to provide appropriate care to the employee.

Nurses can find many opportunities in managed care, where their clinical expertise is highly valued. At USBH, the first step for a patient is to be evaluated by an intake coordinator. This person assesses the patient's need over the phone and then makes an appropriate referral; generally this is to an outpatient therapist. This is often a good entry for nurses interested in managed care. From this point on the case is handled by a care manager. The care manager receives the evaluation from the provider to which the patient was referred. Together they design a treatment plan that uses the benefit well. Walsh explains that care managers are sometimes able to manipulate the benefit to better meet the clients need. For example, if the patient has depleted his/her out-patient benefit, yet has $25,000 available in his/her in-patient benefit, and it would be more beneficial to treat the patient outside the hospital, the care manager may be able to draw funds from the in-patient benefit to cover out-patient treatment. Walsh

states that this is an extremely powerful position to be in and that it is very gratifying to help patients better access their insurance coverage.

She describes the care manager as “traffic controller”. Care managers interface with patients, providers, employers and sometimes with entire families. They “provide continuity of care …. make sure the patient is actually getting appropriate treatment”.

At USBH, RN’s are hired as care managers with a minimum of an Associate degree and they must be licensed. Because this company deals specifically with mental health, a background in psychiatric nursing and/or chemical dependency treatment is necessary. It is often helpful to have had experience other than clinical, such as business, administrative, supervisory or admissions. Care managers must have good, clear communication skills and be assertive, particularly when working with difficult physicians. Walsh states that she looks for maturity, solidness and the ability to take control while in the interview. She states that this person must “be ready to advance beyond direct patient care”, and that she wants “someone who is interested in managed care because it’s exciting and interesting, because they want to move up and they’re stimulated by the newness of it. I don’t want someone who’s trying to get away from shift work, get away from a stressful environment; someone who’s just burned out. Managed care is much more stressful than the hospital”.

Walsh states that she likes to hire nurses as care managers, “because they’re not afraid to get their hands dirty, they’re very organized, can juggle a lot of things happening at once, they’re not as linear as certain other disciplines and they have good assessment skills”. She emphasized the need to be assertive and professional and stated that if nurses are “accustomed to doctors telling them what to do they shouldn’t be in managed care”.

Kandeyce Jenkins, the recruiter at USBH, states that nurses hired as care managers need to be comfortable with the extensive amount of telephone work and the fact that there is no personal contact with patients. “This would not be for the nurse who thrives on primary nursing and contact with patients.” She suggests that having some experience with insurance, especially to understand terminology, is helpful, and that having an affinity with the business aspect of health care is necessary.

Jenkins states this is a very good area for nurses right now. It is a “good way to expand their knowledge base into the way the entire system works…can apply clinical knowledge in a corporate environment”. Walsh feels managed care provides an opportunity for nurses to feel empowered, to feel they have an impact on the types of services patients receive and on the outcome of treatment, rather than feeling victimized by a “system that isn’t always realistic in regards to the benefits provided”. Walsh states that she has “a much bigger influence then she ever had giving direct patient care”.

Walsh states this is a very stressful work environment, with a heavy workload and pressure to save money. She states that clinical integrity must always be monitored in order to make sure that managed care is not restricting patients from receiving needed treatment because of money.

This is a very secure career direction for nurses in the current economy and in view of the direction of health care. Jenkins states, “It is the way of the future” and “the needs are never-ending”. She has hired approximately 80 nurses in the past two years. Walsh encourages nurses who have an affinity for this kind of work, stating “there is enough new managed care companies starting up that a nurse could get in at the ground level and have a lot of opportunities”.

Kathy Barker of Kemper National Services, Inc. also feels this is an excellent time for nurses to enter case management. She explains that within the next few years certain states will begin to require that rehabilitation cases managers be certified. This would mean they would need two years of work experience before they could sit for the exam. However, right now the field is wide open. Barker also referred to managed care as “the wave of the future”.

She looks for nurses who “are self-starters, self motivators, having high energy level, are assertive, good problem solvers, like to function autonomously and understand the business end of health care”. She has found that nurses with a background in occupational health do well with Kemper, since they largely deal with workers compensation cases.

Medical case managers with Kemper have more face to face interaction with the patient and the medical community than care managers with USBH. In providing medical rehabilitative services to workers compensation claimants, the nurse evaluates each case, defining the patient’s needs and problems, renders an opinion regarding the case’s cost, problem areas and outcome, gives recommendations to the insurance carrier and interprets medical records. These case managers work independently out of their own homes and are in the field about 50% of the time, meeting with the patient and the various providers of care to facilitate the employee’s timely return to work. The goal, again, is cost containment. Barker also emphasized the need for nurses to be assertive and good communicators in dealing with providers to obtain the appropriate treatment for the patient in a timely manner.

Starting salaries in managed care range from the mid $30,000’s to the low $40,000 range. However, there are opportunities for advancement into supervisory positions. The work is generally Monday through Friday with daytime hours. Barker would like to see more interest from nurses towards managed care. She feels that many nurses do not fully understand what managed care is all about, and feels this is a good time to enter the field because so many companies are willing to train nurses.

Acknowledgements:

Kathy Barker, Human Resources, Kemper National Services, Inc., (800) 877-3514
Kathi Walsh, RN, Director of Training and Continuing Education, US Behavioral Health
Kandeyce Jenkins, Recruiter, US Behavioral Health, (800) 888-2998

HEALTH INSURANCE COMPANIES

Nurses may find a variety of different positions within insurance companies where clinical expertise is valuable in assuring appropriate use of benefit funds. Whether a Health Maintenance Organization (HMO), Preferred Provider Organization (PPO) or a traditional indemnity plan company, nurses may be hired in similar types of positions.

Donna Pheiff, the recruiter for Blue Shield of California, gives a general idea of the types of positions available to nurses at her company. Job titles include: Pre-admission Review, Discharge Planning, Case Management, Hospital Review, Quality Assurance, Utilization Review and Peer Review. The work varies according to the position. Nurses in discharge planning and case management work heavily with hospitals, physicians and outpatient services. Those who work in hospital review go out to hospital sites and interact with the discharge planning department, admissions and anyone else involved with the case. Some of the other positions deal primarily with paperwork and interact with the medical community over the telephone.

As mentioned in Managed Care, Pheiff feels it is important for nurses looking into a career with an insurance company to be comfortable making the shift from direct patient care to the business side of health care. She likes to see nurses with a background in Quality Assurance or Utilization Review, but has brought nurses on board without this and the company has trained them. She states, "It is becoming more and more important to have some experience with computers". A BSN is the minimum educational requirement, along with a state license. The number of years experience can vary. She generally looks for a med-surg, ICU or CCU background. Sometimes it is necessary to find a nurse with a particular specialty such as OB/GYN, prenatal or psychiatry.

Though the starting salary is lower than that for clinical nursing, around $40,000 in the San Francisco Bay Area, nurses can advance into management positions and eventually earn close to what they would in a hospital. These are positions which operate Monday through Friday, during the day, with no weekend or holiday work. Pheiff feels this type of work, compared with clinical nursing, is "less pressured not having to deal with minute to minute life or death type situations". She also states that this is a secure area for career opportunities. She explains that Blue Shield has not experienced lay-offs and because the company offers an extensive training program to nurses, "they are not inclined to lay-off".

Acknowledgements:

Donna Pfeiff, Recruiter, Blue Shield of California

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The function and scope of an Employee Assistance Program (EAO) may vary from company to company. Essentially, they were designed as a preventative strategy which focuses on the corporation as a system. According to Dr. Jay Talkoff, Clinical Director of EAP for Wells Fargo Bank, "EAP's seek to recognize individual employees in the early stages of their difficulties and refer them to appropriate points of assistance". The concept is one of cost containment through the implementation of prevention

strategies. In early intervention the aim is to decrease costs by referring patients to outpatient mental health or chemical dependency treatment, rather than wait until the problem becomes so severe as to necessitate a costly hospitalization.

Talkoff states, "If you can do early intervention then you are decreasing absenteeism, thefts, work place accidents and workers compensation costs, law suits, bad business decisions and increasing productivity, employee welfare, communication, work environment morals."

A company with an EAP would make available to their employees counselors to assess substance abuse and various emotional problems. EAP counselors are generally not available for ongoing counseling, but rather limit sessions to just enough to make an assessment of the problem and refer the employee to appropriate treatment. EAP's often work with managed care companies to provide a network of providers at a discounted contract rate. This ultimately saves the company money by controlling insurance costs.

Wells Fargo Bank hires qualified nurses as EAP counselors. They must have a BSN with a strong psychiatric and chemical dependency background. They must have excellent assessment and consultation skills. EAP counselors at Wells Fargo provide from one to four sessions for the purpose of assessment and referral. They also might provide stress management workshops to managers and other personnel, AIDS education and crisis debriefing after hold-ups. Talkoff explains there are no advancement opportunities at Wells Fargo EAP for nurses; however, this might be different at the large technical companies.

Talkoff feels this is a good way for nurses to employ their psychiatric experience and knowledge to a corporate environment. He states that "The company can be very supportive of individual's ideas for growth and change" and "there is often more respect and recognition" in this environment where "there is a tendency to defer to the nurse". There is much more independence, making this an attractive career choice for nurses who are comfortable operating with a lot of autonomy.

This can be a difficult environment for nurses because of the corporate politics. Also, the work is difficult, the demands are never-ending and it is not just an eight hour work day. Counselors carry a beeper and are on call evenings and weekends.

Salaries can range from the mid $30,000's to the mid $50,000's. It is a more secure position than a staff nurse position in a hospital right now, however, the security will vary with the company. EAP's are non-revenue producing departments in a company and therefore might be considered a place to cut back.

For Information:

National Employee Assistance Professionals Association (EAPA)
4601 North Fairfax Drive
Arlington, VA 22203 (703) 522-6272
Contact National EAPA for local chapter.

Acknowledgements:

Jay Talkoff, Ph.D., Clinical Director for EAP, Wells Fargo Bank

QUALITY ASSURANCE AND UTILIZATION REVIEW

Quality Assurance (QA) and Utilization Review (UR) are excellent areas for the nurse who has an interest in the business side of health care and finds satisfaction in containing costs and evaluating care given by providers on the multidisciplinary team. The ever increasing criteria set forth by third party payor sources have created a vast need for regulation in the delivery of health care services.

Lonnie Friedman, RN of Quality Review Associates defines UR as "the analysis of medical records and medical activities to evaluate the need for care to be give, the level of the care, quality of the care and the timeliness of the care". QA is "related to UR. It is the more analytical and focused part of the total process. It evaluates the quality of care given as compared to pre-set standards that were set up by the providers of care".

A QA/UR nurse is a fact-finder and problem solver. This nurse must understand the guidelines of Medicare, Medicaid and other payors and apply these guidelines to the patient's needs and the care being given. This nurse also assists clinical staff to contain care within the guidelines of the payor (insurance company). This is a necessary process in order for facilities and health care organizations to maintain Medicare licensure and contracts with other payors.

The QA/UR nurse is an analytical individual who must bring meaning to a vaguely defined problem. This is "expressed in the ability to analyze and detect problems, formulate and sharpen them, isolate the factors involved and ultimately state each problem in terms in which it can be understood and resolved. The analyst must be able to perceive and select the relevant information, judge its significance, detect patterns in the data and organize the information to support conclusions concerning the nature of the problem, including its probable technical, social or organizational causes. The end result of this stage of the problem solving process is a diagnosis of the problem in all its key elements, sufficiently detailed to enable an appropriate response" (O'Reilly 1989). The analyst then becomes involved with clinical staff in finding an approach to resolving the problem and facilitates the process of change or improvement while collaborating with other team members in doing so.

The QA/UR nurse must be analytical, good with numbers, confrontive and be a good communicator while establishing good rapport with the medical staff. This nurse must be able to work in an autonomous fashion and be highly knowledgeable about disease processes in order to support his or her decisions with facts and criteria.

QA/UR nurses work in hospitals, insurance companies, HMO's, PPO's, IPA's, managed care companies, corporations and any other health care organization or business which has a QA/UR department or program. QA/UR nurses usually answer to administration and finance departments, rather than nursing departments. The work involves dealing with statistics, denials and appeals.

Salaries are initially lower than in the clinical area. Starting salaries are around $35,000 to $42,000. However, advancement opportunities do exist and some QA/UR nurses in management can earn up to $70,000 annually.

In order to break into this field Friedman suggests, “Educate yourself in the field as much as you can, start networking, see if you have colleagues or associates who can help you get into the field.” There are “no entry level nationally recognized certification programs for UR/QA in the country”.

However, there are certain employers who will hire a nurse without experience and these are generally non-hospital employers, such as insurance companies, HMO’s or other managed care organizations.

Through Quality Review Associates (QRA), a Utilization Review Nurses Registry, Friedman offers home study courses which are developed to prepare people to enter the field or to enhance their present skills. These courses do not “qualify” anyone, but simply serve to aid in preparation. QRA also provides temporary QA/UR work assignments to a variety of clients (hospital and non-hospital), does permanent recruitment for these employers and performs consulting services.

Friedman feels this is a “good, solid career direction for someone if they are really interested in it”. She doesn’t like to encourage nurses in this direction if they are simply looking for an escape from clinical nursing. It is so far removed from personal contact with patients, the strokes that often give nurses satisfaction in their jobs, Friedman feels that unless a nurse has a sincere interest in this field it may prove to be a very unsatisfying experience. The excitement in this career is in ability to have an impact on the operations and management of health care delivery. Friedman states that in QA/UR one “must see that you’re helping people in the bigger picture by keeping up the quality of care; helping people but not in as direct a way as before”.

For information:

National Association of Health Care Quality
5700 Old Orchard Road, First Floor
Skokie, IL 60077
(708)966-9392

Publishes bimonthly Journal for Health Care Quality; annual convention; educational opportunities. Contact for information about individual state associations of health care quality.

Acknowledgments:

Lonnie Friedman, RN, Ph.D., owner of Quality Review Associates a Utilization Review Nurses Registry
(800)562-2160 or (310)473-7971

OCCUPATIONAL HEALTH

The concept of occupational health nursing (OHN) began in 1881 with services provided by a nurse to coal miners in Drifton, Pennsylvania. The trend was further launched in 1911 with the enactment of workers' compensation laws, which encouraged accident prevention and immediate attention to injuries sustained on the job. Since then several other organizations have been developed, among them Educational Resource Centers (ERCs) to provide specialized education in OHN.

Occupational health nursing is described in the standards of the American Association of Occupational Health Nurses (AAOHN) as follows:

- Occupational health nursing applies nursing principles in promoting the health of worker's and maintaining a safe and healthful environment in occupational settings.
- The knowledge is a synthesis of principles from several disciplines in the health sciences including, but not limited to, nursing, medicine, safety, industrial hygiene, toxicology, administration and public health epidemiology.
- Occupational health nursing activities focus on health promotion and protection and maintenance and restoration of health. The occupational health nurse is primarily concerned with the preventive approach to health care, which includes early disease detection, health teaching and counseling.
- Whether the nurse is a sole provider or supervises other professional nurses and paraprofessionals, standards of care are applicable to nursing practice in all types of occupational health settings. Standards focus on nursing practice rather than on the health care provider.
- As a professional, the occupational health nurse is accountable for the nursing care provided to the employee first and to the employer second. Standards of nursing practice provide a means for determining quality of care, as well as accountability of the practitioner. (Kelly 1991)

In most cases, OHNs work independently with a physician available on a contractual basis to provide medical care as needed. However, there are situations where the OHN is part of a multidisciplinary team in a large department with several examination and treatment rooms, diagnostic equipment and a laboratory.

In an occupational health setting the nurse does far more than administer first aid to injured workers. Often the nurse in involved with the physical and psychosocial aspects of not only the employee, but the family as well. Focus has turned more and more to health problems that are not caused by the job, but that may be affecting job performance, such as drug and alcohol problems, emotional problems, stress and family relations. The nurse may be involved in developing an employee assistance program, thereby assessing these needs and making appropriate referrals for treatment. Prevention is an important part of this position, thus the nurse may be involved in some teaching. Also, assessing and promoting worksite safety is accomplished by working with management and the safety engineer to comply with Occupational Safety and Health Administration (OSHA) standards. The nurse must

understand the guidelines that govern employee health and will likely be involved in developing policies which affect workers' health and safety.

Salaries and benefits will vary according to the size of the business and geographic location. In general through, salaries are lower than other areas of nursing. To qualify for a position in occupational health a nurse must receive a certificate from the American Board for occupational Health Nurses.

For Information:

American Association of Industrial Nurses
P.O. Box 478
Dallas, TX 75221

American Association of Occupational Health Nurses (AAOHN)
50 Lenox Pointe
Atlanta, GA 30324
(404)363-8263

Offers placement service and maintains library of 1200 volumes on occupational health and general nursing.

LONG TERM CARE

While positions in acute care settings are on the demise, they are proliferating in long term care facilities (also called nursing homes or skilled nursing facilities). Modern technology and medicine have prolonged life, causing the percentage of elderly in our country to increase dramatically over the past several decades. Figure 2-2 indicates a significant increase in the elderly population since 1950, with a dramatic projection for the future. In the past, many of the aged were cared for at home by a younger female family member. Today, many more young women must work outside the home. Also, families are much more mobile than they used to be. Members of a family may find themselves scattered all over the map. It is not at all unusual for aging parents to be thousands of miles away from an adult child. Thus, more elderly need the services of long term care facilities.

Changes in federal law now require these facilities to staff more registered and licensed nurses. The law also requires that nurse's aides complete formal training, be registered with the state and take continuing education courses annually. An ombudsman program protects the rights of nursing home residents and investigates any charges of misconduct (Morgan 1993). Thus, the conditions of long term care facilities for patients, as well as staff, have improved.

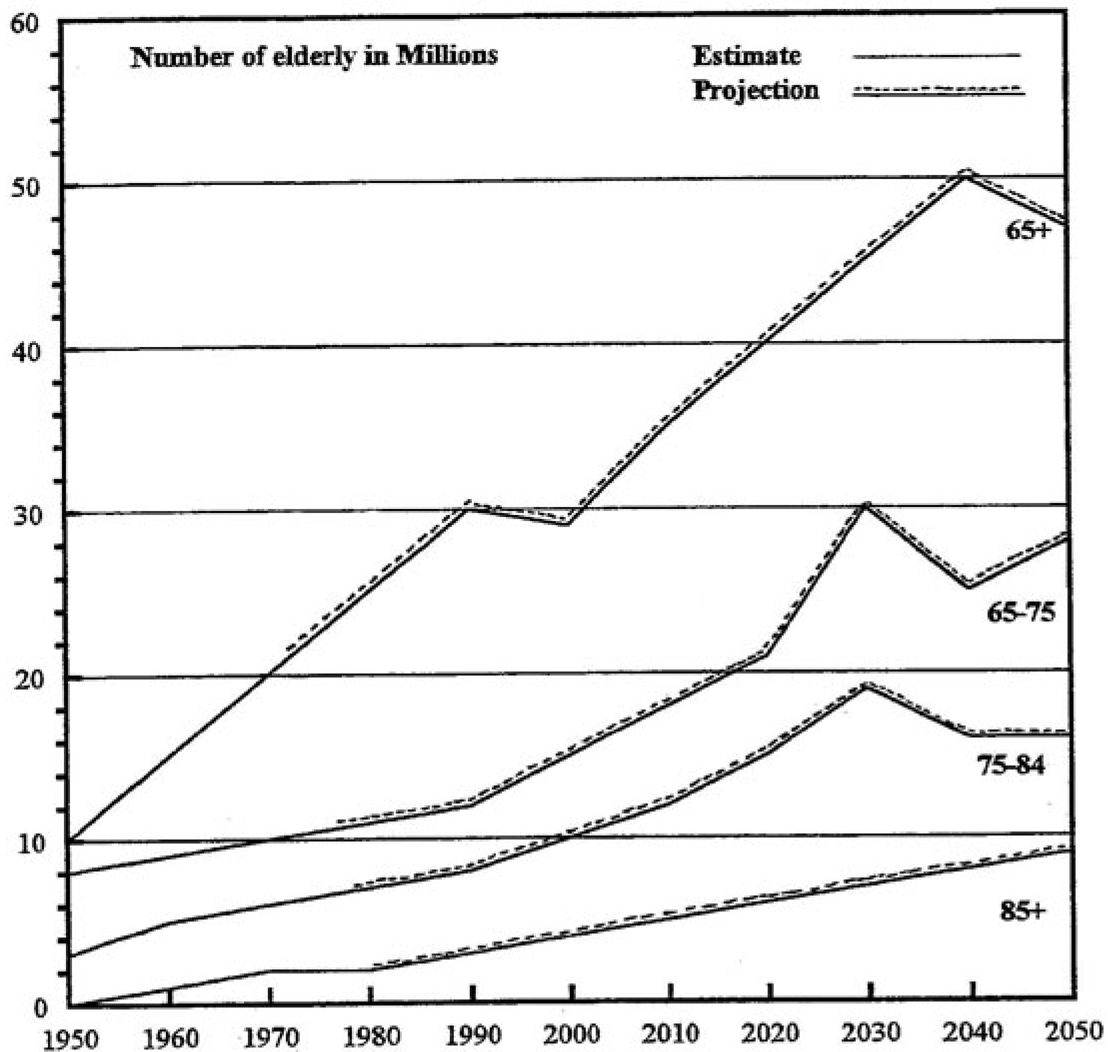
Long term care facilities can be either privately owned or be part of large national chains. They may vary in population from twenty to two hundred patients. Generally, the RN supervises a particular unit or if the facility is small, the entire house. Nurse's aides or licensed practical nurses will work under the

RN, providing direct patient care at the bedside. The RN is usually responsible for all medications and treatments, as well as charting.

This type of work is less pressured than the acute care environment. Residents are usually sent out of the facility if they require more skilled care than their usual routine. For example, IV therapy is generally not given in a long term care hospital.

Figure 2-2 Number of Elderly by Age Groups in the United States

1950-2050



This is a wonderful career option for those who truly value the aged and enjoy working with them. It provides opportunities to develop friendships over a long period of time, often several years, with patients and their families. An acceptance of death as a natural outcome is important. This would be a difficult area for a nurse who is results oriented and relies on the curing of a disease process for gratification. The gratification here comes from providing a comfortable, pleasant and safe environment

for patients who can no longer participate in the life they have known. Working with the elderly requires a lot of patience, gentleness and understanding.

Nurses in long term care will find themselves working with a predominantly non-professional and unlicensed staff. While to some this might feel professionally isolating, others see it as an opportunity for teaching, team leading and supervising. In general, salaries are lower than acute care hospitals. However, this has improved in recent years due to the huge demand for RNs in this work environment. This is also an area which is fairly accommodating to nurses re-entering the field after a prolonged absence.

Conditions in long term care hospitals will vary dramatically. In selecting a facility to work in, several things should be considered during the interview process. Evaluate the cleanliness of the environment. When you walk in the door is there a strong odor of urine? Are staff members unkempt or professional looking? How do the residents appear – dressed and groomed or disheveled? If residents are up in a day room is there ample staff on hand to supervise? Take a look in some of the rooms. Again, how do they smell and are they neat and orderly, perhaps with personal touches, or with piles of laundry on the floor? Notice how staff talks to and treat the residents. Are there any special activities, such as exercise, arts and crafts and musical events? What is the attitude of the nursing supervisor towards quality of life? Does she value innovative ideas and creative involvement with the residents? You will want to choose a facility whose values and professionalism match your own, and where opportunities for professional growth and learning are available.

Retirement homes are also proliferating to meet the needs of our rapidly growing elderly population. These are residential centers developed for the mature adult who would like a structured and protective environment, but does not require skilled nursing. These individuals may be declining in health and find the responsibilities of operating their own household too taxing. Retirement homes often provide social life with onsite activities and excursions to shopping or the theater, a central dining room where meals are served, maid service and the safety of having a staff available in case of emergency. Many retirement homes have a RN on the premises for these emergencies.

REHABILITATION NURSING

Rehab nursing has been developing over the past several years into an expansive and extremely viable career option for the 1990's. Medical and technological advancements have increased the survival rate of trauma victims, which increases the number of patients requiring rehabilitative services. While insurance companies have reduced the number of days for acute care hospitalization, many have simultaneously increased reimbursement towards the longer and overall less costly services of rehab, whether provided in a long term care facility or in the home. A survey showed that "every dollar spent on rehabilitation saves at least $10 on medical costs (Hammers 1993)". Since rehab services are usually DRG-exempt, the reimbursement is generally better than for other health care services.

The number of facilities that provide rehab services has doubled in the past decade. Nationwide there are currently 169 rehab centers, 770 inpatient units and 102 long-term care hospitals (Hammers 1993).

In 1984 there were 49 rehab centers and 308 inpatient units. There is no data on the number of long-term care hospitals in 1984 (Hammers 1993).

Because of improved medical technology, more patients than ever are surviving trauma and life-threatening illnesses and require rehabilitation to continue an optimum level of life. "The survival rate of head injury patients has increased from 50 percent to 90 percent (Hammers 1993)" in the last decade alone. Other types of patients who often require rehab are stroke victim, patients with respiratory or cardiac problems, amputees and cancer survivors.

The goals of rehabilitation are to help patients achieve their highest potential, adapt to their disabilities or illnesses and work toward independence (Hammers 1993). Rehab can take place in specialized units within acute care hospitals, nursing homes as well as patients' homes and work settings.

Programs have been developed which enlist the efforts of an interdisciplinary team of nurses and other professionals to create treatment plans for patients at their home, school or job sites. The practicality of this is obvious. To work with patients in their own environment can only save time and cost by better preparing them for the world in which they musts learn to function. It has been found that this type of rehab costs approximately one-third less than conventional inpatient rehabilitation (Hammers 1993).

Rehab nurses need to be excellent educators, communicators, assessors and team players. Registered nurses will generally be in charge of a unit and supervising unlicensed personnel. The nurse is part of a team composed of allied health professionals, such as physical therapists, occupational therapists and speech therapists. While these therapists help the patient to relearn skills of daily living, it is the nurse's responsibility to support and reinforce these skills and to supervise the unlicensed staff in follow-through. This type of work requires a great deal of patience, a positive attitude and the ability to be encouraging and supportive to patients who will progress quite slowly. It is a rewarding career for nurses who like to see very concrete evidence of their efforts. As in long term care, rehabilitation nurses tend to become quite involved with patients and their families and receive a lot of appreciation and strokes from these individuals. In addition to working in inpatient and outpatient care settings, rehab nurses can work as expert witnesses for attorneys and serve as case managers for insurance companies.

The salaries of management-level rehabilitation nurses have increased by 17 percent since 1990, 11 percent for rehab staff nurses and 12 percent for rehab nurses working for insurance companies (Hammers 1993). This is good evidence of the need for nurses in this area, as well as an indication of its enduring into the future.

Since most nursing schools do not include rehabilitation in their curricula, nurses receive training and education on the job. Training programs for new graduates and inexperienced nurses is offered in many rehab settings. The Association of Rehabilitation Nurses (ARN) has resources available for interested nurses. They offer courses, a textbook and other publications, videos, audiocassettes and independent studies. They also conduct seminars and workshops at various locations. The ARN also offers a certified rehabilitation registered nurse (CRRN) credential. A nurse who has worked two of the past five years in rehab is eligible to take this exam.

There are only six universities in the United States which offer a master's degree in rehabilitation nursing. These include the University of Alabama at Birmingham, Rush University in Chicago, Thomas-Jefferson University in Philadelphia, the State University of new York at Buffalo, Columbia University in New York and the University of Texas in Arlington (Hammers 1993).

For information:

American Congress of Rehabilitation Medicine
5700 Old Orchard Road, First Floor
Skokie, IL 60077-1057
(708)966-0095
Represents all disciplines and specialties within medical rehabilitation.

Association of Rehabilitation Nurses
5700 Old Orchard Road, First Floor
Skokie, IL 60077-1057
(708)966-3433
National organization of RN's working in the various settings of rehabilitation nursing. Provides continuing education, publications, certification program, seminars, workshops and an annual conference.

Medical Rehabilitation Education Foundation
1910 Association Drive, Suite 200
Reston, VA 22901
(703)648-9350
(800)368-3513
Provides information to consumers, employers, insurers, governmental policy-makers and the health care community.

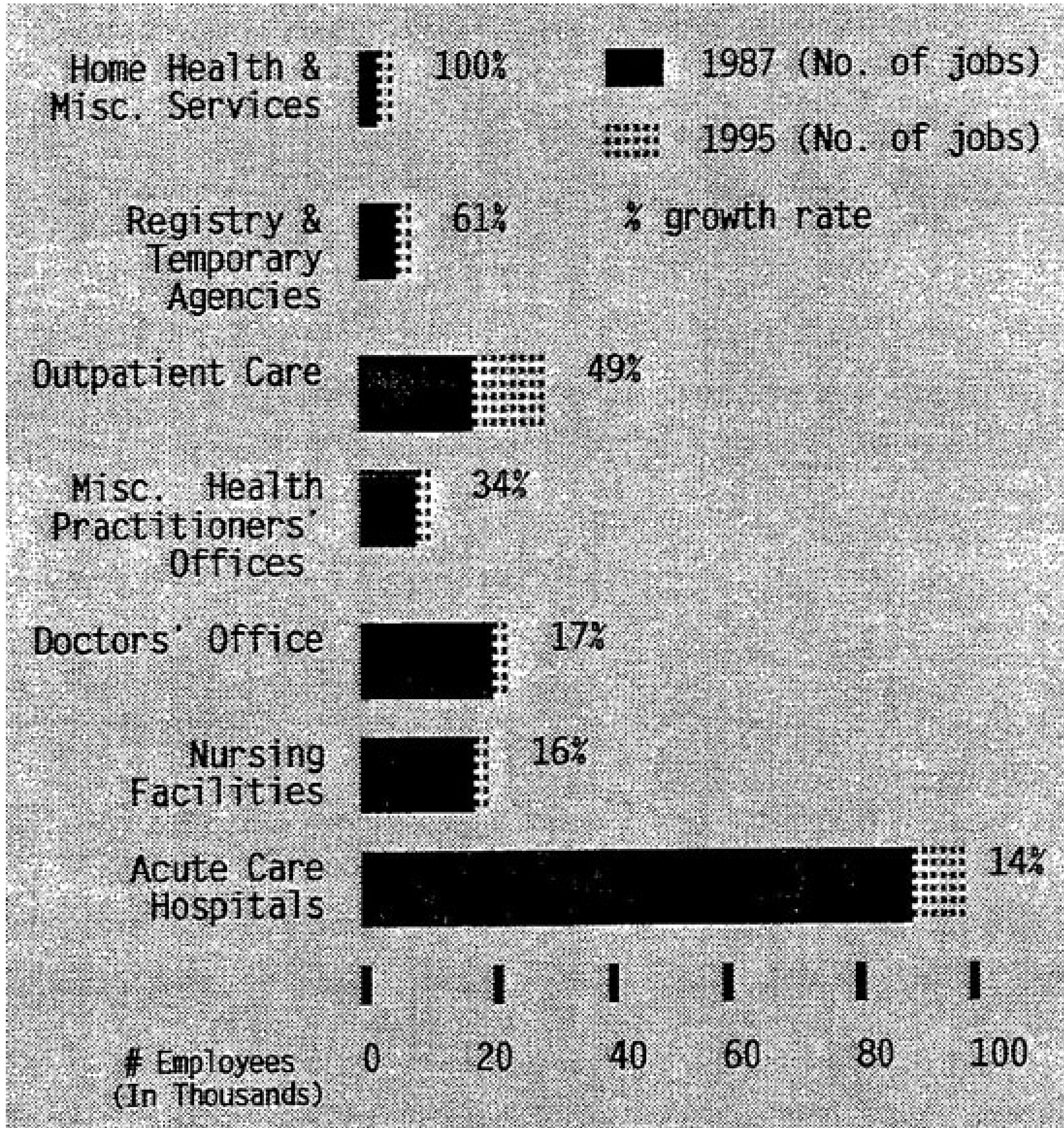
HOME CARE

Home care is an excellent way for nurses to continue to reap the rewards of primary care nursing in a more relaxed and autonomous environment. Other terminology used for home care would be home health, visiting nurses and hospice. All one need do is look in the classified section of any newspaper or nursing publication to see that home health is alive and well in the current economy. Again, as hospital stays decrease, the need for skilled nursing care in the home is increased. Procedures that were once done exclusively in the hospital, such as intravenous therapy, are now being performed in the home under the supervision of nurses.

A study done of the six counties of the San Francisco Bay Area indicates that home health will experience the fastest employment growth of any sector of health care. Figure 2-3 indicates that employment needs in home health will double between 1987 and 1995. Health care delivered in the home has proven to be a cost-effective form of care, which may lead to legislative changes providing

improved funding of home health care, as well as increased reimbursement through private insurance plans.

Figure 2-3 Growth Rate of Health Jobs by Industry
Ranked Fastest to Slowest
Six-County Bay Area 1987-1995



In a home health agency the RN is a case manager who has a case load of patients to see as often as required. A patient requiring dressing changes for a pressure ulcer might initially be seen one or two times per day. As a family member or other caregiver at home is trained to do this, the RN might decrease these visits to once a week to check on progress and insure against infection. A patient requiring nothing more than a catheter change would generally be seen only once a month, unless there were a complication. An unlicensed home health aid may spend several hours a day with the patient for

unskilled care, such as bathing, dressing and feeding. The case manager is responsible for supervising the unlicensed personnel in these activities. Home health nurses generally dress in their own casual professional attire, rather than a uniform. Sometimes a lab coat is worn. Most home health nurses carry a beeper so they can be reached out in the field. The normal workday may find the nurse checking into the agency first thing in the morning, or at the end of the day, with the bulk of his or her time spent out in the field seeing patients. It is usually a Monday through Friday daytime schedule, with an alternating person on call for the weekend. Nurses may work full or part-time.

Home health nurses have a lot of autonomy and are responsible for juggling their own case loads. They must continually assess the patient's needs and make recommendations to the physician regarding appropriate treatments, therapies and medications. When a patient is in the home environment, there are many needs which need to be addressed. Psycho-social and family issues will become apparent, as well as possible problems with a home structure. Home health nurses have the opportunity to greatly influence and facilitate all areas of a patient's care.

A nurse entering home health would need to have a strong med-surg background and good assessment skills. This nurse must truly enjoy the personal contact of being in a patient's home and interacting with families of various ethnic backgrounds. This type of nursing often calls for visits into neighborhoods where safety must be considered.

There are about 25 home health agencies which are large national chains. However, there are many thousands more which are independently owned and operated (Morgan 1993). The highest salaries can be found in for-profit agencies, as opposed to government or nonprofit agencies (Morgan 1993). There may be advancement opportunities into supervisory positions, nursing education and possible even marketing, depending on the size and structure of the agency.

Nurses who love home care feel they are connecting with the roots of what nursing is all about. It provides the satisfaction of developing long term relationships with patients and their families, becoming an exceedingly important person in their lives, and the satisfaction of making a direct impact on the care of the patient. If you want to continue giving primary care but with more autonomy and personal contact than in acute care, this is a good avenue to chose.

SALES

Medical equipment and pharmaceutical companies, particularly those with high tech products, often like to hire nurses as sales representatives. The nurse as a sales rep is the liaison between the manufacturer and the end user of the product, which could be the patient, nurse or doctor. Organizational and communications skills developed as an RN are of great value in the business world. In sales, the nurse is promoting and maintaining health in a business arena.

Such items as specialty beds, cardiac catheters or operating room equipment, require some scientific knowledge and an understanding of the disease process for which they are intended. Many companies prefer to hire RNs because of the ability of the nurse to comfortably call on health care professionals

and the credibility that the nurse lends to the product. The nurse has often used the product and can therefore stand behind it with experience.

The sales rep may be calling on individual doctor's offices, home health agencies, hospital purchasing departments or even hospital administrators. The "sale" may range from taking an order of office supplies for a doctor's office, to negotiating a contract with a hospital for durable medical equipment worth thousands of dollars.

Nurses are particularly valuable to a company with high tech equipment. When such products are introduced to a hospital, the rep is often required to in-service the staff on its use. The sales rep who is also a nurse might already have used the product clinically, have had a good experience with it and is therefore enthusiastic in its presentation. This rep also has a good understanding of what the product is for, how it can assist the nursing staff and the types of problems nurses experience in giving care. He or she speaks the language of the clientele, which is beneficial in establishing trust and rapport.

Most sales reps work out of their homes, which offers the luxury of a flexible schedule, but also means they, must be self-motivators. Time is divided between the home office and being out in the field meeting with prospective customers. Many cold calls over the telephone are usually made before a face to face meeting is secured. Some representatives, such as pharmaceutical reps, will attempt to meet with the physician by making a cold call in person during business hours. As you can imagine, there is a lot of rejection involved and the successful sales rep must be able to take this in stride, keep a positive attitude and not take it personally. This is usually more difficult in the beginning of one's sales career. After some time in the field, reps build up a solid client base of customers who respect and appreciate their services.

This type of job requires a high energy level, confidence, assertiveness and the ability to establish rapport and trust with people quickly. The person must be a self-starter and enjoy working independently. For nurses who thrive on the camaraderie of a peer group, this could be a difficult transition. A nurse going from a hospital salary to sales must be prepared for an initial drop in salary before commission starts to build up. It can take from six months to a year for the commission to get to the point of equaling a hospital nurse's salary, but then the earning potential is unlimited. Successful salespeople can earn an income of up to six figures. It takes time to build this kind of business and you must be financially prepared for this temporary setback in salary. A company car is usually offered, as well as an expense account for phone, gas, office supplies and entertainment of clients.

There are thousands of pharmaceutical and medical supplies companies. You may go to a library with a good research section to obtain a listing. There are many companies willing to hire nurses without previous sales experience. A professional appearance and assertive presentation during the interview is often what the company is looking for. Most have training programs with the continuing support and guidance of a manager. For nurses who enjoy business and working autonomously, and would like to feel that they can directly influence their earning potential, this is an exciting career path. It can be particularly exciting to be on the cutting edge of new products and technologies appearing on the

market and knowing you have the ability to make an impact on health care and patient outcomes through the promotion of such products.

For networking:

National Nurses in Business Association (NNBA)
1000 Burnett Avenue, Suite 450
Concord, CA 94520
(510)356-2642
Offers opportunities to meet and network with other nurses in the business arena, bi-monthly newsletter, discounts on products and services, conferences and seminars.

MARKETING

Marketing is an exciting area for nurses who love to be out meeting and networking with the health care community. In the past few decades health care has been taking on the face of corporate America. Competition is fierce, and providers at all levels have found it necessary to advertise themselves to the public as never before. Patients have many choices now, and consumers have become quite discriminating. With the advent of HMOs, PPOs, Managed Care and EAPs, providers have had to establish themselves as unique and superior to the competition in order to contract for services. Who would ever have ever thought hospitals, long term care facilities or treatment programs of any sort would be in competition for business? Many years ago we would never have seen the advertisements on television for hospitals health plans that we see today.

This trend has opened up many opportunities in the area of marketing. Nurses have an advantage here in that they know the business from the inside out and have developed professional relationships with the medical community.

Marketing is the process of bringing one's product or service to the awareness of the public or the selected market. In this case we are talking in general terms about health care. Within health care there are several different types of services and providers; those providing direct care, those providing payment of care, those managing the payment of care and more. Marketing generally involves many different activities to accomplish the desired goal, which is to attract attention to the business and thereby increase revenue. The marketing executive may be required to call on individuals or groups to explain the service or product, to be involved with press releases and advertising campaigns and to attend professional functions in order to network with influential people.

All the different types of insurance companies and managed care companies rely on marketing personnel to sell their packages to employers for coverage of employee health benefits. Quality of care at a reasonable cost to the employer is very important. These third party payor companies must develop special services and rates in order to invite contracts. The efforts of the marketing staff will bring the company's services to the attention of the public. Someone in this type of job would be active with the media, advertising and networking in the professional community. The image of the marketing staff is important because they are seen as representing the company to the public eye.

The larger home health agencies hire marketing personnel to call on individuals involved with the discharge of patients from hospitals, such as discharge planners, social workers, unit directors or charge nurses and utilization review. Often the person involved in doing the marketing will also become quite involved with the clinical team on particular cases to evaluate the patient's needs for home care and to insure a smooth transition upon discharge. They will set up any therapy and equipment the patient will require at home, as well as determining the level of care needed, whether a home health aide is required to assist with bedside care, or if a limited number of visits is appropriate, perhaps to train a family member in giving care. Nurses who become involved at this level are often called home health liaison nurses. They are employed by the home health agency, but spend much of their time in a particular hospital. The position combines marketing with clinical expertise. A marketing executive for a home health agency might also call on individual physicians, particularly those specializing in a geriatric population, rehabilitation or oncology, as well as speaking to groups of seniors. Skilled nursing facilities and rehabilitation hospitals also employ marketing/liaison nurses to draw in business. Small, for-profit hospitals, such as those offering mental health services, greatly benefit from having a marketing department. If it is not an emergency admission, this is an area where the patient or referring therapist can exercise some choice, particularly in the areas of eating disorder or chemical dependency treatment. The marketing executive in this case would need to call on the mental health professionals in a given geographic area to discuss the program, and then follow up with those individuals on a regular basis. He or she would also want to attend professional functions in order to network and become a well-known and trusted colleague. Organizing promotional activities, such as speakers or workshops at the hospital site, is a good way to attract attention from the professional and lay communities.

A marketing executive can expect a salary in the upper 30's to mid 40's to start. This is dependent upon the size and profitability of the organization. Also, some companies may offer an incentive package, which would involve a commission or bonus structure. Automobile or mileage allowance is generally offered since so much time is spent out in the field, as well as an expense account for entertaining clients.

As with sales, anyone seeking a career in marketing must not be afraid to approach unknown colleagues, must be assertive and at the same time sensitive with highly developed communication skills. This person must be able to keep a positive attitude despite constant rejection or disinterest. Because of the autonomy it is important to be self-motivated and focused on goals. There is often quite a bit of pressure to meet quotas or to produce a certain amount of referrals or revenue. As a marketing executive you must be able to meet corporate or administrative expectations, realizing that you have the influence and power to drive the business forward towards success. This is generally not a typical 40-hour work week with a regular daytime schedule, due to the numerous social obligations or speaking opportunities that may arise. This is a high profile and exciting position for the person who likes this kind of challenge.

The larger corporations will generally seek individuals with some sales or marketing experience. However, this is an area where nurses without such a background can find opportunities to break in. This is particularly true in home health agencies or the small for-profit mental health facilities. Nurses with no experience who can present themselves professionally and with confidence, demonstrate the

charisma needed for this type of high profile position and a good understanding of the business of health care, stand a good chance of breaking in. An outgoing and dauntless personality along with a professional appearance has a lot to do with successful marketing. Other helpful attributes might be some public speaking experience and evidence of influential contacts in the field, or of a good professional reputation.

For networking:

National Nurses in Business Association (NNBA)
1000 Burnett Avenue, Suite 450
Concord, CA 94520
(510)356-2642
Offers opportunities to meet and network with other nurses in the business arena, bi-monthly newsletter, discounts on products and services, conferences and seminars.

For information:

Academy for Health Services Marketing (AHSM)
c/o American Marketing Association
250 S. Wacker Drive, Suite 200
Chicago, IL   60606
(312)648-0536
Offers placement service and continuing education.

American Society for Health Care Marketing and Public Relations (ASHCMPR)
American Hospital Association
840 N. Lake Shore Drive
Chicago, IL   60611
(800) 621-6712
Offers several professional publications and membership directory.

MEDICAL-LEGAL NURSE CONSULTANT

As evidence of this growing field, the Association of Legal Nurse Consultants (AALNC), founded in 1989 by 35 RNs from five states, in 1992 reported a membership of 700 nurse's nationwide (Madison 1992). This is a fascinating area for nurses with a penchant for the courtroom. A nurse's expertise is a valuable asset to attorneys dealing with medical cases.

The legal nurse consultant (LNC) collaborates and strategizes with attorneys to better represent a case, and to save the attorney time by applying medical expertise to gathering pertinent information for the case. It is the LNC's role to prepare attorneys so well that they are as knowledgeable and comfortable with the medical issues of their cases as they are with the liability issues. Nurse consultants work with lawyers in cases involving litigation, personal injury, products liability, medical malpractice, toxic torts, workman's compensation, criminal and other applicable cases (Madison 1992). Legal nurse consultants

are different from paralegals, who also assist lawyers in legal matters, but usually do not have expertise in the area of medicine.

Following is a detailed outline of the duties of a legal nurse consultant. Certain activities pertain to working with an attorney in a plaintiff capacity or a defense capacity and some apply to both.

Plaintiff:

1. Meets with referring attorney(s) and/or client(s) for interview purposes in malpractice, personal injury, toxic torts and products liability cases.
2. Presents cases to attorney for decision regarding participation.
3. Prepares letters for approval by attorney on cases which are declined or prepares attorney with relevant facts to decline case.
4. Assists attorney in preparing the Complaint in malpractice, personal injury, toxic torts and products liability cases.

Defense:

1. Meets with defendant attorney(s), physician(s) and/or clients(s) for interview purposes in malpractice, personal injury, and toxic torts and products liability cases.
2. Reviews complaint and assists attorney in determining plaintiff's case strategy
3. Reviews Complaint and assists attorney in responding to Complaint.

Plaintiff and Defense:

1. Assists attorney in determination of potential liability.
2. Determines, obtains and reviews all medical records and billing statements necessary for complete case review.
3. Prepares memorandum and chronology regarding case medical facts, or deviations from standard of care exercised by defendants or potential defendants.
4. Performs medical library research regarding case subject areas and standards of care and summarizes medical literature.
5. Educates attorney regarding medical facts and issues relevant to case.
6. Identifies appropriate experts in case subject areas and contracts and secures their services.
7. Locates demonstrative evidence (i.e. medical charts and models) for deposition/trial use.
8. Assists attorney in preparing and answering Interrogatory responses and Requests to Produce Documents involving medically related questions.
9. Assists attorney in preparing arbitration briefs involving medically related items.
10. Prepares attorney for depositions and/or trials and advises attorney of appropriate strategies with medical witnesses.
11. Attends depositions/trials and advises attorney of appropriate strategies with medical witnesses.
12. Reviews and summarizes depositions during discovery.
13. Selects medical textbooks for purchase for attorney(s) medical library.

Legal nurse consultants earn from $60 to $150 per hour working in the following capacities:

1. full-time or part-time as an employee with a law firm;
2. full-time or part-time as an independent contractor to a law firm;
3. full-time or part-time in the clinical setting and consulting with a law firm and/or testifying as an expert witness on a part-time basis;
4. full-time or part-time as an employee with an insurance company or hospital in risk management.

A nurse interested in this career change must possess good communication skills and writing abilities. Obtaining some education in law is helpful, but not a pre-requisite, however, a basic understanding of civil litigation is important. Legal training, such as law school or paralegal training is not necessary to become a legal nurse consultant. A nursing background alone qualifies you as the expert on nursing standards of care. A nurse's opinion on these standards is respected by attorneys. It is important as a legal nurse consultant to know how to prepare and present yourself appropriately. There are many workshops and seminars offered to prepare nurses to enter the field of legal nurse consulting.

For information:

American Association of Legal Nurse Consultants (AALNC)
500 North Michigan Ave., Suite 1400
Chicago, IL 60611-3796
(312)670-0550
Carondelete Management Institute
7760 E. Speedway Blvd.
Tucson, AZ 85710
(800)726-3888
Offers Medical-Legal Consulting Workshop for CEU's.

BIOTECHNOLOGY

The technology of medicine is a fascinating area of work for nurses. New discoveries are happening all the time which will affect mortality rates as well as the quality of life we experience. Biotechnology is a growing area whose expansion will only continue into the future.

Nurses may find opportunities in various capacities, depending on the product and the company structure. They may assist in the area of research, compiling and verifying data and assisting with trials of the product. Some companies like to send nurses out to demonstrate a new product to physicians or other health care members who will be using the product, to insure its proper use.

At the Collagen Corporation, nurses are hired as Medical Device Experience Specialists. The company produces injectable collagen for the augmentation of wrinkles and acne treatment. Leslie Holderby of Human Resources described what this position would entail. Nurses receive phone calls from individuals who have experienced an adverse reaction to the product. This might be a doctor or a patient. The

nurse would be required to document the problem according to FDA guidelines, investigate and then follow through with the physician or patient. The nurse is not giving advice, but providing some direction. This nurse would also respond to inquiries regarding the indications, contraindications and ramifications of product use, classifying and documenting inquiries and maintaining a computer database and patient files in strict adherence to FDA guidelines.

In this type of position it is important to understand terminology, have some computer knowledge and be detail-oriented. It is a stressful position because the nurse often has to deal with an unhappy consumer. Interpersonal skills must be very good, with the ability to be diplomatic and tactful. A BSN is the minimum requirement. The starting salary is approximately $45,000 with the ability to advance up a career ladder.

Holderby feels this is an exciting area for nurses to be in. She states that biotech is a growing area which provides an exciting learning opportunity for nurses in a corporate environment.

The public library can be helpful in producing a list of biotechnology companies. A phone call to their human resources department can provide information on the types of positions they have for nurses.

Acknowledgments:

Leslie Holderby, Human Resources, Collagen Corporation

MEDICAL WRITER

There is a great demand for medical, health and scientific information, particularly with the acceleration of medical breakthroughs today. Americans have become increasingly more aware of, and interested in health and fitness, and want to better understand medicine, science and technology. Medical coverage in the mass media (newspaper, radio and television) has expanded dramatically and there is even a cable television network devoted entirely to health subjects. With each new drug or piece of medical equipment produced, medical writing is required. Growth in pharmaceuticals has been dramatic over the past several years, providing many opportunities for medical writers (Swanson 1989).

Medical writing is used in many different areas of the health care industry. Following are some examples of the opportunities available:

- Personal health column of local newspaper
- Package inserts which accompany pharmaceuticals
- Highly technical educational materials for medical students
- Medical and health news for television and radio
- Public relations copy, such as information brochures, in-house newsletters, press releases, magazine articles and exhibits for hospitals, clinics, medical schools and medical societies
- Highly technical instructional manuals for the operation of new diagnostic and treatment equipment
- Developing computer software

- Writing advertising copy for pharmaceutical and medical equipment companies
- Scripts for public service announcements and health education films
- Writing scripts and producing educational videos for patients and/or health care personnel
- Continuing education courses for registered nurses
- Ghost writing for health care professionals
- Professional journals
- Publishing a book on an area of expertise (anything from how to care for an elderly loved one at home to understanding and maximizing your insurance benefits)

Most medical writers are not health care professionals. Generally their background is in English or journalism, with perhaps some education in the sciences. A nurse, who sincerely enjoys writing and can demonstrate the ability to communicate medical information through the written word, has a chance of acquiring work as a medical writer. Medical writers often must take extremely complicated and technical information and translate it into very plain language that the average human being can understand, such as nurses do every day with their patients. Or, they must provide a sophisticated and accurate account of findings to a highly professional audience. When producing advertising copy, the writer must have an understanding of the psychology of sales.

There are full time jobs to be found, as well as part time and freelance work. A freelance writer must constantly be seeking work opportunities, but the rewards can be great in the areas of flexibility in time and topic interest. Medical writers can work for newspapers, magazines, the medical press, textbook publishers, pharmaceutical and medical equipment companies, laboratories, hospitals, clinics, schools and associations for health care professionals, government, radio, television and advertising agencies (Swanson 1989).

In order to acquire work as a medical writer, one must build a portfolio of published work. To get some experience and build this portfolio nurses can break in with their local newspaper, a regional nursing publication, their hospital's newsletter or anything else that might help to get started. This type of writing generally pays very little, from a few dollars to perhaps $100, but it will be the beginning of a writing career. There are many local special interest publications, such as those for parenting and child care, which would be very happy to have articles submitted by registered nurses.

The American Medical Writers Association (AMWA) is a national organization for medical communicators. AMWA offers writing and editing workshops and seminars and publishes a job market sheet listing job opportunities. AMWA also offers a program called the Core Curriculum which teaches the writer improved skills in the area of biomedical communications. Upon completion of this course a certificate is awarded. AMWA reports that writers with this certificate tend to command higher fees and are more in demand (Swanson 1989).

In general, however, most medical writers learn by doing (Swanson 1989), by simply stepping out, getting experience and building a foundation for a career. It would be important to be proficient with a computer or word processor. Swanson describes some of the most important qualities a medical writer should possess:

1. A genuine love for writing and the temperament to wrestle with a concept until it is in language that accurately, clearly and appropriately communicates what needs to be said.
2. A genuine and abiding curiosity about medical and scientific topics.
3. Essential journalistic abilities – talent for interviewing, a knack for researching and digging for facts, the ability to relate well to others and the ability to produce under deadline.

For information:

American Medical Writers Association (AMWA)
9650 Rockville Pike
Bethesda, MD 20814

The Society for Technical Communication
815 Fifteenth Street, N.W., Suite 506
Washington, DC 20005

Health Sciences Communications Association (HESCA)
6105 Lindell Blvd.
St. Louis, MO 63112
(314)725-4722
Sponsors workshops, competitions and an annual convention; publishes a newsletter with employment listings.

INTERNATIONAL NURSING

Working as a nurse in a foreign country can be an exciting way to travel, to bring sophisticated knowledge and expertise in health care to an underdeveloped area, and also to learn much about other cultures and health care systems. The opportunities can range from the gratification of missionary work in a third world country to experiencing the glamour of living in the City of Lights while working at the American Hospital in Paris. In most cases, proficiency in a specialty area of nursing, as well as knowledge of the language of the destination is required. Following is a listing of potential opportunities.

Saudi Arabia

Kama Enterprise, Inc. is a recruiter specifically for health care positions in Saudi Arabia. The parent company is one of the largest health care management companies in Saudi. American nurses would work in internationally staffed hospitals that serve the needs of Saudi nationals. They recruit for all specialty areas.

The salary varies according to the specialty, but is somewhat comparable to salaries in the United States. The advantage, however, is that the salary is completely tax-free. There is also free housing and utilities, thirty paid vacation days per year, as well as nine paid holidays. The commitment is from three months to two years.

For information contact Valerie Bagnas at (800) 433-7791, or write Kama Enterprise, Inc., 4380 Southwest Macadam Avenue, Suite 490, Portland, OR 97201.

International Business

This would include occupational health nursing for companies with branches in other countries. In particular, the oil companies in Mid-eastern countries have had quite a large demand in the past. For information, contact the individual companies with overseas interests as well as trade journals for that particular industry.

World Health Organization (WHO)

The major concern of WHO and its regional office, the Pan American Health Organization (PAHO) is in primary care, but education may also be a possibility. The WHO headquarters is in Geneva. PAHO can be contacted at 525 Twenty-third St. N.W., Washington, D.C. 20037.

Peace Corps

There are sixty Peace Corps countries in which both volunteer and staff nurses serve. The staff nurses work in preventive and curative programs developed to care for the volunteer workers. Contact the Peace Corps, P-301, Washington, D.C. 20526

Project Hope

The purpose of Project HOPE is to bring the skills and techniques of American health care to the people of other countries in their own environment and adapted specifically to their needs and way of life. HOPE has projects in the United States as well as its international interests. Contact Project HOPE, Millwood, Virginia 22646.

Missionary Work

This type of work requires a lot of stamina for the long hours and difficult work in vary underdeveloped areas. The pay is generally very low. Nurses in this type of work would also be expected to provide religious teaching to the population served. Information can be obtained through individual churches. These churches to not always require that the nurse be of that particular religious denomination.

THE MILITARY

Nursing in the armed forces can provide excellent opportunities for nurses wishing to continue a career in an acute care environment. The military offers education benefits, training in a specialized area of nursing, excellent salary and benefits package, retirement, thirty days paid vacation per year and the ability to serve in various locations around the world. Registered nurses are commissioned officers and can increase in rank as they advance in their careers.

Nurses *in the armed forces are given many opportunities that civilian nurses do not have. They are given management responsibilities early on, which correspond to the nurse’s rank as a commissioned

officer. The military encourages advanced education by providing tuition assistance and opportunities for specialized training. According to military nurse recruiters, this is an area which has not been effected by current economics. Their recruitment needs are continuous.

Nurses have a choice of where they would like to serve. The first part of training is generally not at this location, but involves several weeks at a training base to learn about the military way of life. Accommodations are not provided for families during this time. However, once stationed, nurses, whether single or with families, are offered on-base housing or an allowance for off-base housing. During wartime or other national emergency nurses may be relocated as needed.

Nurses may join the reserve corps in any branch of the armed forces without joining the regular service. Reserve nurses are usually required to put in one weekend a month and two consecutive weeks a year of paid training at a local medical unit. These nurses will be called upon for service in time of war or other national emergency.

Reserve nurses have many of the same benefits of those serving in the regular military service. These would include opportunities for promotion, continuing education, fringe benefits such as low-cost insurance, retirement pay (after 20 years) and veterans benefits, PX shopping and opportunities for personal travel.

Qualifications to serve in any of the branches of the armed forces are essentially the same. The nurse must be a U.S. citizen, a graduate from an accredited nursing program and licensed. Each branch has its own age limitations.

The Army Nurse Corps

A newly graduated nurse will be commissioned as a second lieutenant.   Applicants with experience or advanced degrees may enter at a higher rank. Army nurse Corps officers may advance to the rank of Brigadier General.

Opportunities for nurses in the Army include giving direct patient care in any clinical specialty as staff nurses, head nurses or nursing consultants; directors or instructors for military courses in various hospitals and the Academy of Health Sciences or be responsible for nursing education and staff development within a department of nursing; involved in administration in various clinical services or at Army headquarters; function as nursing methods analysts, nurse researchers, nurse counselors, consultants to the surgeon general or advisors to military nurses of allied nations (Kelly 1991).

For information contact the local Army recruiting station and ask for the Army Nurse Crops recruiter, or write to Army Opportunities, Army Nurse Crops, P.O. Box 7700, Clifton, NJ 07015-4865.

Navy Nurse Corps

Newly appointed Navy nurses are given ranks of ensign to lieutenant, according to education and professional background. Nurses may advance to the rank of Rear Admiral.

Navy nurses have opportunities to provide primary care to patients; teach patients, corpsmen and other health care team members; assume administrative positions; and serve as executive/commanding officers of medical facilities. Assignments can be to hospitals, clinics, ships, headquarters, Officer Indoctrination School, Hospital Corps schools and other duty stations around the world (Kelly 1991).

For information contact the local Navy recruiting station or by writing the Nursing Program, Navy Recruiting Command, Naval Department, Washington, D.C.

The Air Force Nurse Corps

Initial assignment of rank for Air Force Nurses is at second lieutenant, or higher depending on education and experience and nurses may advance to a grade of Brigadier General.

Opportunities in Air Force Nursing include delivery of primary nursing care in a variety of specialties and settings, such as administration, mental health, operating room, anesthesia, clinical nursing, education, research, flight nursing, nurse practitioner and midwifery (Kelly 1991).

Flight nursing is a position unique to the Air Force. These nurses participate in aeromedical evacuation in peacetime and during conflicts. Flight nurses must complete a program at the School of Aerospace Medicine at Brooks Air Force Base, Texas, before receiving an assignment.

For information contact a local Air Force recruiter or write to HQ USAF Recruiting Service/RSHN, Randolph Air Force Base, TX 78150. For information on Air Force Reserve Programs write HQ Air Force Reserve/SG, Robins Air Force Base, GA 31098 or HQ ARPC/SG, Denver, CO 80208. For information on Air National Guard programs write National Guard Bureau/SG, Room 2E69, The Pentagon, Washington, D.C. 20310.

OTHER GOVERNMENT POSITIONS

U.S. Public Health Service (PHS)

The U.S. Public Health Service is a federal agency whose responsibility is to promote and assure the highest level of health for every individual and family in the country. It also promotes world health by collaborating with governments and organizations on an international level. The PHS is a vital force in advancing research in the health sciences, in developing public health programs and in providing therapeutic and preventive services. Nurses may find opportunities at the Clinical Center Research Hospital in Bethesda, Maryland, public health and clinical nursing in the Indian health Service and consultation in such fields as community health, environmental health, hospital services, clinical specialties, nursing education and nursing research.

Nurses may enter the PHS either by appointment to the Commissioned Corps, a uniformed service composed of professionals in medical and health-related fields or through the Federal Civil Service. Benefits and privileges of the Commissioned Corps are similar to those of officers of the armed forces.

The Indian Health Service offers a unique nursing experiencing serving a population of more than one million Native Americans and Alaska natives in approximately 200 hospitals and treatment centers across the country.

The Clinical Center at the National Institutes of Health (NIH) is a world center for biomedical research (Kelly 1991). This vast organization includes the National Eye Institute, National Cancer Institute, National Institute of Aging, National Institute of Neurological and Communicative Disorders and Stroke, National Heart, Lung and Blood Institute, National Institute of Arthritis, Musculoskeletal and Skin Diseases, National Institute of Allergy and Infectious Diseases, National Institute of Dental Research and National Institute of Child health and Human Development, National Cancer Institute, National Institute of Environmental Health Sciences, National Institute of Diabetes and Digestive and kidney Diseases and the National Center for Nursing Research (Kelly 1991).

The NIH Clinical Center employs staff nurses to participate in planning for the total care of patients undergoing medical research, and are encouraged to be innovative in developing new skills and determining their role (Kelly 1991).

For information contact the Federal Job Information Center in your area listed in the telephone directory under "U.S. Government".

CHAPTER THREE

ENTREPRENEURSHIP

Entrepreneuring is such a vast and viable area for nurses that it deserves its own separate chapter from the other alternative careers. Nurses are so multidimensional, flexible, creative, and organized that developing and operating a business is a natural fit for many. Kelly reports that there are an estimated 20,000 nurses operating their own businesses (1991). Nurses who have been in the work force for at least a few years can identify patient needs and understand how health care systems operate. They often see the voids in the system which prevent patients from receiving appropriate care, or those black holes which can keep an operation from running smoothly. Nurses also have many and varied professional contacts. Combine all this with a creative idea to solve a problem or fit a particular niche, and you've got some valuable components to starting a small business.

Entrepreneurship is not for everyone. It takes more than just a good idea and wanting to be your own boss. Successful entrepreneurs share certain personal characteristics. Vogel (1988) describes these characteristics as follows:

1. Willingness to Take Moderate Risks – Assuming moderate risks after clearly and carefully considering all pertinent aspects; taking a challenging yet manageable risk where the outcome can be influenced by skill and judgment; once assuming responsibility for the risk, pursuing it with determination and perseverance until the goal is attained.
2. Self-confidence and an Internal Locus of Control – Having an intrinsic belief in their own ability to affect the outcomes of their endeavors; feeling most self-confident when in control and

directing the project; and when not in a position of control, feeling frustrated, angry and a loss of self-confidence.

3. Determination and Perseverance – Despite numerous and continual hardships, setbacks and rejection, will consistently overcome the obstacles inherent in entrepreneurship.
4. Interpersonal Skills – Having the ability to work effectively with others, either in management or collaboration with others. Nurses generally have well-developed interpersonal and caring skills; this must be balanced with the entrepreneur's need for control
5. Low Need for Status – Material gains and titles of achievement for the sake of status are not important; achievement and success in the entrepreneurial role provide the needed personal satisfaction and status, and any material gains are an outcropping or reward of the successful venture; the personal satisfaction of the success of the venture are more important than material reward.
6. Comprehensive Awareness – While working on specific tasks of the business, the entrepreneur must maintain an awareness of the needs and direction of the business in general; alternative plans and changes are implemented when they are needed to achieve overall business objectives.
7. Need to Control and Direct – Entrepreneurs do not do well in a traditional bureaucratic situation where there is an authority over them and where they are required to ask permission, compromise, or be a part of a team; they believe they can accomplish their objectives best when they have total and complete control; bureaucracy generates a feeling of suffocation and alienation; they thrive on freedom and autonomy.
8. Physical and Mental Resiliency – Entrepreneurs generally invest much more time and energy than the typical eight-hour day and 40-hour week; high energy level and willing to work despite sickness and fatigue.
9. Need for Achievement – Believe that achievement is obtainable when they apply their own problem-solving strategies, in their own way and in their own time; must often toot your own horn and sing your own praises as achievements will not be recognized by others.

In view of the above listed characteristics, it is important to assess personal strengths and limitations in comparison with those attributed to successful entrepreneurs. Entrepreneurial characteristics can be developed, therefore it is crucial to identify which areas need attention. There are ways of acquiring the much needed skills and personal resources for a successful business venture.

The following characteristics need to be assessed in order to develop an understanding of one's entrepreneurial personality:

1. Entrepreneurial orientation/internal locus of control
2. Critical event
3. Personal characteristics
4. Interpersonal skills
5. Business and management skills
6. Nursing expertise

The following worksheets are from ***Entrepreneuring: a Nurses' Guide to Starting a Small Business***, (Vogel 1988). These will help you to assess your own entrepreneurial characteristics. After each category is an interpretation of the score as well as suggested methods for acquiring or enhancing certain traits.

Assessment 3-1 The entrepreneurial Orientation Inventory

Instructions: This inventory contains 20 pairs of statements. In each pair, you may agree with one statement more than the other. You have five points to distribute between the two statements in each pair, to indicate the extent to which you agree with each of the statements. You may distribute the five points in any combination (0/5, 1/4, 2/3, 4/1, 5/0). If you agree slightly more with statement "a" than with "b", then assign three points to "a" and two points to "b". If you agree very much with "a" and very little with "b", assign four points to "a" and one point to "b". If you agree completely with "a" but do not agree at all with "b", assign five pints to "a" and zero to "b". You may not divide your points equally (i.e., 2.5/2.5) between the two choices: You must choose one statement with which you agree more and then distribute the points.

Statement	Points
1. a. How successful an entrepreneur one will be depends on a number of factors. One's capabilities may have very little to do with one's success.	_____
b. A capable entrepreneur can always shape his or her own destiny.	_____
2. a. Entrepreneurs are born, not made.	_____
b. It is possible for people to learn to become more enterprising even if they do not start out that way.	_____
3. a. Whether or not a salesperson will be able to sell his or her product depends on how effective the competitors are.	_____
b. No matter how good the competitors are, an effective salesperson always will be able to sell his or her product.	_____
4. a. Capable entrepreneurs believe in planning their activities in advance.	_____
b. There is no need for advance planning, because no matter how enterprising one is, there always will be chance factors that influence success.	_____
5. a. Whether or not a person can become a successful entrepreneur depends on social and economic conditions.	_____
b. Real entrepreneurs always can be successful, irrespective of social and economic conditions.	
6. a. Entrepreneurs fail because of their own lack of ability and perspective.	_____
b. Entrepreneurs are bound to fail at least half the time, because success or	

failure depends on a number of factors beyond their control. _____

7. a. Entrepreneurs are often victims of forces that they can neither understand nor control. _____
   b. By taking an active part in economic, social and political affairs, entrepreneurs can control events that affect their businesses. _____

Assessment 3-1 The entrepreneurial Orientation Inventory (Cont.)

Statement	Points
8. a. Whether or not you get a business loan depends on how fair the bank officer you deal with is.	_____
b. Whether or not you get a business loan depends on how good your project plan is.	_____
9. a. When purchasing raw materials or any other goods, it is wise to collect as much information as possible from various sources and then to make a final choice.	_____
b. There is no point in collecting a lot of information; in the long run, the more you pay, the better the product is.	_____
10. a. Whether or not you make a profit in business depends on how lucky you are.	_____
b. Whether or not you make a profit in business depends on how capable you are as an entrepreneur.	_____
11. a. Some types of people can never be successful as entrepreneurs.	_____
b. It is possible to develop entrepreneurial ability in different types of people.	_____
12. a. Whether or not you will be a successful entrepreneur depends on the social environment into which you were born.	_____
b. People can become successful entrepreneurs with effort and capability, irrespective of the social strata from which they originated.	_____
13. a. These days, people must depend at every point on the help, support or mercy of others (governmental agencies, bureaucracies, banks, etc.).	_____
b. It is possible to generate one's own income without depending too much on the bureaucracy. What is required is a knack in dealing with people.	_____
14. a. The market situation today is very unpredictable. Even perceptive entrepreneurs falter quite often.	_____
b. When an entrepreneur's prediction of the market situation is wrong, that person can blame only himself or herself for failing to read the market correctly.	_____

15. a. With effort, people can determine their own destinies. _____
    b. There is no point in spending time planning or doing things to change one's destiny. What is going to happen will happen. _____

16. a. There are many events beyond the control of entrepreneurs. _____
    b. Entrepreneurs are the creators of their own experiences. _____

Assessment 3-1 The entrepreneurial Orientation Inventory (Cont.)

Statement	Points

17. a. No matter how hard a person works, he or she will achieve only what is destined. _____
    b. The rewards on achieves depend solely on the effort one makes. _____

18. a. Organizational effectiveness can be achieved by employing competent and effective people. _____
    b. No matter how competent the employees in a company are, if socioeconomic conditions are not good, the organization will have problems. _____

19. a. Leaving things to chance and letting time take care of them helps a person to relax and enjoy life. _____
    b. Working for things always turns out better than leaving things to chance. _____

20. a. The work of competent people always will be recognized. _____
    b. No matter how competent one is, it is almost impossible to get ahead in life without contacts. _____

The Entrepreneurial Orientation Inventory Scoring Sheet

Instructions: Transfer your point allocations from the inventory form onto this scoring sheet.

Internal Locus of control	External Locus of Control
1b	1a
2b	2a
3b	3a
4a	4b
5b	5a
6a	6b
7b	7a
8b	8a
9a	9b
10b	10a
11b	11a
12b	12a
13b	13a
14b	14a
15a	15b
16b	16a
17b	17a
18a	18b
19b	19a
20a	20b
Total Internal______	Total External______

Determine the ratios of your internal/external locus of control scores by dividing the total internal score by the total external score. Record the amount here _____________.

Internal/external ratios above 3.0 indicate a high level of entrepreneurial internality; the chances are high that such individuals will initiate entrepreneurial activities. Rations below 1.0 indicate that the respondent has a more external (less entrepreneurial) locus-of-control orientation. There is a need for this type of person to become more internal in order to be able to initiate and sustain entrepreneurial activities. Ratios above 1.0 indicate possible entrepreneurs. The higher the ratio above 1.0, the more internal the respondent is.

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Assessment 3-2 Critical Event

Instructions: Answer as honestly as you can. Rate yourself from 0 to 6 on each question. A score of 0 means that the statement is never true for you; a score of 6 means that the statement is always true for you. Numerical scores of 1, 2, 3, 4, and 5 represent intermediate scores and are used of statements that are neither all true nor all false.

Statement	**Score** Never True — Always True 0 1 2 3 4 5 6
1. I feel that my career is at a standstill.	
2. It bugs me that I must spend time at work on things I don't think are important.	
3. My chances for advancement in my present job are limited.	
4. I do not have the option to be creative in my present job.	
5. I want to make more money.	
6. I don't feel a sense of achievement in my work.	
7. My present job isn't fun anymore.	
8. I'm in a state of personal change now.	
9. My physical health or a disability has left me "unemployable" in the conventional sense.	
10. I have been fired, or I may be fired, or I may have to quite my present position.	
11. I want more independence that I have in my present role.	
12. I need more control over my work schedule.	
13. My last birthday was a "traumatic life event" (30, 40, 50 +).	
14. My attempt to balance work and personal roles is creating a high stress level for me.	

Scoring: Add your scores for the 14 statements. If you scored 65 or more points, you are probably enduring a life or work role that leaves you dissatisfied and unfulfilled. The likelihood of your changing to an entrepreneurial role is high. Any additional negative change in your life or job may provide the catalyst for this transition. If you scored 31 to 64, you may still be interested in a career change, but may be willing to wait before making a move. If you scored 0 to 30, your present life and work roles provide satisfaction. You may still want to be an entrepreneur, but you do not feel strongly compelled to do it now.

Assessment 3-3 Personal Characteristics

Instructions: Answer as honestly as you can. Rate yourself on each statement using a scale of 0 to 6. A score of 0 means that the statement is never true for you; a score of 6 means that is always true. For each of the following 34 statements, place a check under the column that represents your numerical score for that statement. A score of 6 indicates exceptional capacity; a score of 4 or 5 indicates well-developed competencies; a score of 2 or 3 indicates undeveloped areas that may interfere with your ability to function in an entrepreneurial role; and a score of 0 to 1 represents a deficiency of greater magnitude that may adversely affect your performance as an entrepreneur.

Rating

Statement	Deficient (0, 1)	Under-Developed (2, 3)	Well-Developed (4, 5)	Exceptional (6)
1. Even when I was young, I had business ventures.				
2. As a youngster, I had entrepreneurial role models- parents, neighbors.				
3. I have friends and contacts who are entrepreneurs.				
4. I can visualize myself in an independent, entrepreneurial role.				
5. I'm willing to take risks that I view as reasonable.				
6. I enjoy ambiguity because it stimulates my creativity.				
7. I have more energy than most people I know.				
8. I'm a critical thinker.				
9. I have a good sense of humor and can laugh at myself.				
10. The respect and admiration of others is important to me, but it does not deter me from taking an unpopular stand or pursuing goals that are important to me.				
11. I'm usually the one in my work group who initiates new ways of solving old problems.				
12. I like the challenge of new tasks and projects.				
13. I prefer to have the sole accountability for project outcomes.				
14. I will work extremely hard at problems or tasks when I believe I can make a difference in how they turn out.				
15. I'm good at influencing others to accept new ways of doing things.				
16. I'm comfortable marketing myself or my ideas to others.				

17. I'm good at "networking".				
18. I don't worry about the limits of my job description, but take the initiative to implement my role.				
19. I like to consider possibilities rather than limitations.				
20, I frequently see the problems inherent in a system and look for ways to overcome them or change the system.				
21. Other people ask for my help or advice in matters related to my special skills.				
22. I reward myself when I feel I've done a good job.				
23. I've found ways to take care of my needs for positive feedback.				
24. The biggest reward I have from my work is self-actualization.				
25. I prefer independence in my work role.				
26. I prefer variety in my work.				
27. I can mobilize necessary resources (time, people, energy) when a job needs to get done.				
28. I enjoy responsibility.				
29. Although I prefer autonomy, I can collaborate well with others on work projects.				
30. I can usually find new opportunities to use my skills.				
31. I learn from my failures.				
32. I know how to relax when my stress level gets too high.				
33. I'm discreet and do not share information inappropriately.				
34. I can deal with loneliness.				

Statements 4, 5, 9, 14, 16, 22, 23, 31, 32 and 34 assess self-concept; statements 15, 17, 21, 27, 29 and 33 assess leadership influence; statements 7, 10, 13, 18, 24, 25 and 28 assess independence, drive and desire; and statements 6, 8, 11, 12, 19, 20, 26 and 30 assess creativity and problem solving.

The first three statements represent personal experiences with entrepreneurs or entrepreneurship that gives you special insights into the roll. If you lack these experiences, you may be well advised to work with a partner, seek out a mentor or develop an entrepreneurial network for support and feedback. The fourth statement indicates how much you will believe in yourself as an entrepreneur. The remaining thirty items address the skills and traits listed above.

Scoring. If most of your checks are in the "well-developed" or "exceptional" categories, you have the drive, creativity, insights and personal strengths to handle the entrepreneurial role. Deficiencies or

underdeveloped traits require reflection on your part. Carefully consider the effect that lack of any given characteristic may have on your capacity to function as an entrepreneur. If the deficiencies are likely to be problematic, steps should be formulated and implemented to diminish their capacity to hinder your performance.

Skills can be developed in several ways. Workshops, credit courses and independent reading are three useful strategies. Collaboration with someone who has the skills you lack is also helpful. Consultation with a peer group or a mentor as you begin your new career can provide the support and feedback you need to grow.

Assessment 3-4 Interpersonal Skills

Entrepreneurs experience a special dilemma: Whereas they crave independence, they also understand the need for collaborative problem solving if their own and their clients' goals are to be attained effectively. Because collaboration is so important, successful entrepreneurs must rely heavily on their interpersonal skills. In this assessment, you will determine the extent to which you possess these skills.

Instructions: Using the same 0 – 6 scale described in Assessment 3.2, rate yourself on each of the following 15 statements.

Statement	**Score** Never True … Always True 0 1 2 3 4 5 6
1. I tune in to other people's verbal and nonverbal messages when I'm listening to them.	
2. I have excellent verbal and nonverbal self-presentation skills.	
3. I can express abstract concepts in concrete terms.	
4. I clarify and validate messages when communicating with others.	
5. I am comfortable confronting another person in a conflict situation.	
6. I can set limits on how other people use my time.	
7. I can say no.	
8. I can tell others about my limitations as well as my strengths.	
9. I can establish problem ownership when resolving conflicts with others.	
10. I'm an effective group facilitator.	
11. People frequently seek me out for help with interpersonal or work problems.	
12. I use power skillfully.	
13. I can effectively handle other people's attempts to use their power inappropriately with me.	
14. Even in a conflict situation, I use an assertive style that preserves others' integrity as well as my own.	
15. I'm a good negotiator.	

Scoring. Which skills do you need to develop? The numerical scores for each statement can be interpreted in much the same way as an in Assessment 3-3 (i.e., deficient, underdeveloped, well-developed or exceptional).

Assessment 3-5 Business and Management Skills

As an entrepreneur, you know that owning and managing your own business requires special expertise. This assessment enables you to evaluate your strengths in this area.

Instructions: Using the 0 to 6 scale employed in Assessments 3-2 and 3.4, rate yourself on each of the following 15 statements.

Statement	**Score** Never True ... Always True 0 1 2 3 4 5 6
1. I see the "big picture" even when I'm working on a small part of the total problem.	
2. I regularly establish goals and timetables.	
3. I consistently look for patterns or trends in the external environment so that I can plan changes.	
4. I regularly check where I am in the process of meeting target dates for my goals.	
5. I can be flexible and switch my goals when new demands or priorities occur.	
6. I regularly set aside planning time.	
7. I plan daily how I can best use my time to meet my goals.	
8. I'm an organized person.	
9. I can coordinate several complex activities and keep everything running smoothly.	
10. I can put a price on what I provide and ask for reimbursement for my service.	
11. I can list my financial assets and liabilities.	
12. I know where to find capital for a new venture.	
13. I have fund-raising experience.	
14. I have good accounting skills.	
15. I understand marketing concepts.	

Your business and management skills can be developed by means of the techniques listed in the previous assessments. As alternatives, three other strategies may be tried.

1. Use a professional expert, such as a lawyer, accountant or marketing analysts, to get expert advice.
2. If you are not ready to leave your present job just yet, seek out new experiences in your current roll that will allow you to learn and practice business and management skills.

3. Volunteer for activities (community efforts, work, professional associations or hobbies) that will permit you to develop specialized competencies.

Assessment 3-6 Nursing Expertise

As a nurse entrepreneur, you are marketing something very special: Your professional nursing expertise. Your clients will expect you to understand the intrinsic nature of nursing and its unique role in today's health-care systems. In this assessment, you will evaluate the degree to which you maintain the ideals of professionalism in your nursing practice.

Instructions: Rate yourself on each of the following 15 statements using the 0 to 6 scale implemented in the previous four assessments.

Statement	**Score** Never True … Always True 0 1 2 3 4 5 6
1. I maintain a consistent pattern of continuing education.	
2. I can explain how I integrate nursing theory as a framework for my practice with clients.	
3. I conduct or utilize the results of research as a basis for change in the way I implement my role.	
4. I establish client relationships by mutually defining goals for care or interventions.	
5. I utilize nursing diagnosis as a basis for care with patients.	
6. I belong to a professional organization.	
7. I am active in a professional organization.	
8. I act as an advocate for the role of professional nursing.	
9. I act as a patient advocate.	
10. I can establish effective client relationships.	
11. I keep current with what happens in professional nursing.	
12. I have had successful leadership positions in nursing.	
13. I have a broad base of professional contacts in the community.	
14. I am experienced in helping others learn.	
15. I actively implement a quality assurance process as part of my professional role.	

Scoring. Add your scores for the 15 statements. A total score of 75 to 90 indicates that your credibility and marketability as a nurse expert are excellent. A score of 45 to 74 indicates that you might experience difficulty in being recognized as a nurse expert by potential clients. A score of less than 45 indicates that nursing clients are relatively unlikely to identify you as a nurse expert. Since your credibility as a nurse expert has a direct impact on your ability to influence others, low scores here should encourage you to expand your knowledge. Each of the statements suggests a strategy for broadening your nursing expertise.

Exercise 3-1 Entrepreneurial Personality Profile.

Instructions: Use the self-knowledge acquired in Assessments 3-1 through 3-6 to complete this exercise. Review your assessment answers and fill out both part I and part II.

Part I is concerned with your strengths. Identify your personality strengths and explain how they will enhance your ability to function as an entrepreneur.

My Strengths	How They Will Increase MY Ability to Function

Part II is concerned with your limitations. List the limitations you have and indicate how you plan to eliminate them or minimize their impact.

My Limitations	Strategies to Eliminate or Reduce Impact

After assessing whether you have what it takes to be a successful entrepreneur, you must develop a business idea by finding the right niche. If you are considering your own business, chances are you have

been mulling over an idea for some time. You may have a personal interest in something, or a particular talent that you have developed through your nursing experience. You may have seen the gaps in health care and feel driven to provide a service badly needed. If so, it is time to go the step further and develop that nagging idea into a marketable business plan where you can apply your unique talents and begin to reap the personal satisfaction that goes along with having found a “fit”.

The most important guideline in business is to provide the right service to the right market (Vogel 1988). You must assess and interpret your client’s needs accurately, match them with you special skills and interests, then develop and market a service that addresses the needs. Finding the right niche, or market, involves the following:

1. **Developing a business idea**
2. **Performing a market-service analysis**
3. **Market testing**
4. **Launching a trial** (Vogel 1988)

Nurses have more opportunities than perhaps any other profession or vocation to apply their education, experience, contacts and special skills in a unique business arena. Nurses command the immediate respect and trust of the public. They have the education and professionalism to interact appropriately with professionals even outside health care, such as attorneys or CEO’s of major corporations. The ideas are limited only by your imagination.

Benzel, in his guide for home based businesses in health care using a personal computer, has highlighted three specific business ideas which offer moderate to high income potential and will remain a solid opportunity into the next decade and beyond (Benzel 1993). Individuals who work full time in these areas were found to earn from $30,000 to $60,000 per year. These businesses are in electronic medical billing, medical claims assistance professional and medical transcription.

ELECTRONIC MEDICAL BILLING

A medical billing service submits or processes claims on behalf of doctors and other allied health professionals to commercial insurance companies and government agencies such as Medicare and Medicaid. Filing claims is a tedious and time-consuming process. Each insurance company has their own rules and regulations with complex paperwork that needs to be submitted. Medicare and Medicaid have their own complicated procedures as well. In 1990, the government required that all doctors file claims to Medicare on behalf of patients, thus increasing the burden. Some medical practices will offer to file claims to private insurance companies as well. The process is so time-consuming, burdensome and confusing that many health care professionals simply abandoned collecting a certain percentage of their claims, which cost up to millions of dollars each year (Benzel 1993). There is an estimated six billion or more insurance claims filed each year, with Medicare alone responsible for 500 million claims per year. There is tremendous opportunity here for someone well versed in medicine, insurance terminology and who owns a personal computer (PC).

In the last decade, new software has brought about electronic claims processing (ECP), which allows claims to be transmitted via personal computer. This allows for fewer errors in billing processes and expedites the reimbursement to health care providers. Insurance companies also see the value of ECP. It saves thousands of dollars in overhead and salaries for claims processors and examiners. Medicare has encouraged all providers to switch from paper to electronic claims filing. It is felt that ECP will save $8 billion in health costs each year (Benzel 1993).

The need in the health care community for such a service is tremendous. Rather than keep an office staff busy full-time on filing insurance claims, many physicians reap far greater benefits by contracting out this tedious, yet necessary work. This is a highly profitable business opportunity for someone who enjoys working independently at a computer, is numbers and detail-oriented, finds accounting interesting, can be preserving regarding payment of claims and can work well with doctors and medical office personnel. This type of work is highly computer oriented.

CLAIMS ASSISTANCE PROFESSIONAL

This business also has to do with filing medical claims to insurance companies, but in behalf of the consumer rather than the physician. Many individuals simply do not know how or do not want to be bothered with filing insurance claims. Insurance claim forms can be confusing and burdensome to patients, particularly for certain groups, such as the elderly or handicapped. A consumer may be dealing with a particularly difficult claim, perhaps one that has been denied. To insure payment, the patient may want the help of an expert in the field. This is where a Claims Assistance Professional (CAP) can be of assistance.

The CAP tries to maximize the coverage and reimbursement each person can obtain out of their insurance carrier (Benzel 1993). They must have a good understanding of insurance policies and regulations and be able to decipher insurance jargon. This business is not heavily computer-oriented, as insurance companies do not allow electronic submissions from someone processing one claim at a time. The old paper method of submission would be required. However, the CAP must be detail-oriented, have good math skills, as well as the ability to communicate and negotiate with tenacity in the patient's behalf.

MEDICAL TRANSCRIPTION

There is a serious shortage of transcriptionists in the United States (Benzel 1993). This type of work does require some training and often a few years of experience before venturing out on one's own. Medical transcriptionists must have a good command of English grammar, must be familiar with medical terminology and must be able to decipher the often unclear dictations of physicians, as well as type 60 to 90 words per minute. Transcriptions must generally be submitted back to the physician or hospital within one to three days, so there is quite a bit of pressure with this business, particularly if one has many clients. It is not necessary to have a PC, but a word processor is imperative.

Doctors must prepare documentation for patient records, insurance companies, police department, employers, lawyers or worker's compensation boards. Anyone who has ever worked closely with a physician knows the endless volume of paperwork required of them. This is an ominous task, and one that takes time away from their clinical duties. As with insurance claims processing, this can also be a burdensome and overwhelming task for office personnel. Again, the opportunities are limitless and quite valuable to the medical community.

For information:

American Association for Medical Transcription (AAMT)

P.O. Box 576187

Modesto, CA 95357

(209)551-0883

Members are medical transcriptionists, supervisors, teachers and students of medical transcription plus owners and managers of medical transcription services and other health personnel. The organization provides information and continuing education, holds an annual meeting, and publishes a quarterly journal, bimonthly newsletter and ***Style Guide for Medical Transcription*.**

Below are more suggestions for potential business ideas. No doubt, if this chapter peaks your interest at all, you already have a few ideas of your own.

- Home Health Agency/Temporary Nursing Staff
- Alternative healing methods, i.e. acupressure, acupuncture, massage, meditation, biofeedback, diet, exercise
- Educational services – to health care personnel or lay people, in your area of specialty and offering continuing education units, i.e. childbirth, new born care, stress management, Basic life Support (or CPR), dealing with difficult patients, performing a psychiatric assessment, how to care for a bed bound patient at home, etc.
- Consulting – in area of your specialty or special talents, i.e. hospital software programs, organization of health care systems, management, Enterostomal Therapy (ET), developing treatment programs, etc.
- Nurse recruiting
- Counseling/psychotherapy – in states which allow psychiatric nurses to practice independently
- Child care services
- Sick child care services – drop off service for parents unable to stay home with sick child
- Freelance writer

There are many resources available that guide one through the process of starting a small business. Form developing the idea, to legal considerations, to initial start-up costs, the entrepreneur can find books, classes and workshops on how to start a small business. Local colleges and adult education are

good resources for learning opportunities. Nurses are fortunate in that they can find a well-paying part-time job while developing and growing a business. You can also test your idea or product on the professional contacts you already have, without having to put out a large investment. Finding other nurses who are operating similar businesses and networking with them is a good way to learn and evaluate what it will take to get started and potential problems. The National Nurses in Business Association, mentioned in chapter two under "Sales", is an excellent resource and opportunity to network. The Appendix lists many organizations which might match your particular business idea, such as The Association of Nurses Practicing Independently and Nurse Consultants' Association (see Specialty Nurses Organizations).

CHAPTER FOUR

MAKING THE CHANGE

Career planning and changing is a never-ending process. Our needs, values, goals and circumstances will constantly change throughout life, and it only makes sense that our careers would change as well. As human beings our lives are not static. Some of the events of our lives are planned, such as getting married or having a baby. Others, such as a change in financial status or losing one's job, are not. What one looks for in a job or career will be affected by the circumstances at the time. Table 4-1 (Henderson 1986) outlines the phases of life, the themes and purposes of that phase and where a nurse's career might be at that particular phase.

Making a career change is stressful. That is why it's important to understand oneself, know the options, make a decision which combines the two and develop a goal-directed plan. Stress is reduced when it feels managed, and it can only feel managed if you feel in control. Making a plan of action for your career puts you in control.

To begin, it is helpful to understand what is important to you. Your values are what drive you through life; they help you to make decisions and choices. When the choices you've made match your values, there is a level of comfort and satisfaction; when not, it will feel like chafing at the collar. If you value affection and physical closeness above all else, then you certainly would not want a job where you sat in an office making phone calls all day. If security is the driving force of your life, then going into sales, with the ups and downs of a commissioned based salary would be a disaster. Exercise 4-1 will help you identify what is important to you. All the career planning exercises, tables and figures which follow are excerpts from ***Managing Your Career in Nursing***, (Henderson 1986).

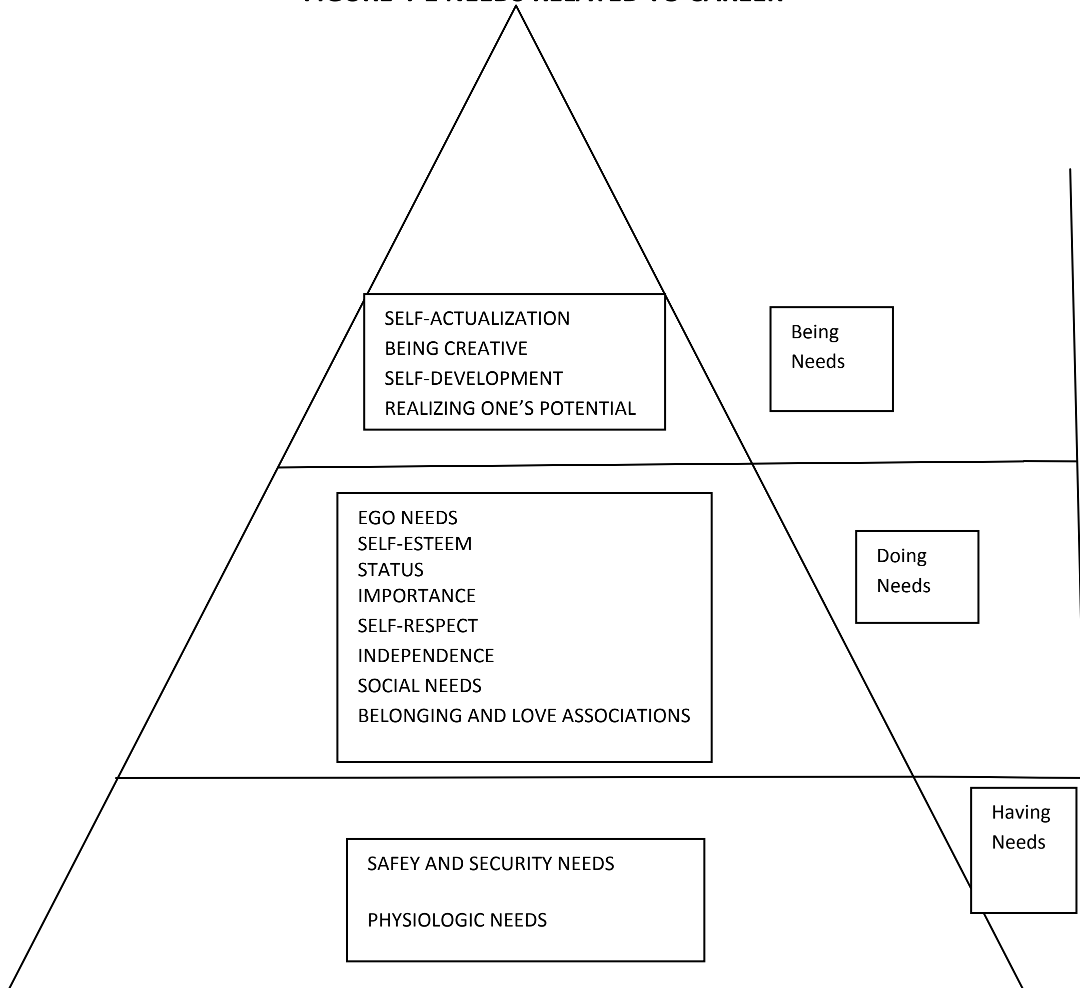
Personal interests will affect the type of work you are drawn to. A person who works full time is devoting approximately one third of his or her life to a job. It should be enjoyable. The things you enjoy in your free time should be a natural part of your work life as well. If you love to socialize and meet new and interesting people, yet your job has you glued to a computer terminal, you will more than likely come home snarling at the end of each day. You would probably thrive in the area of marketing or sales. Do Exercise 4-2 to help you identify your interests. Then refer to Table 4-2 to see what category those interests fit into – Things, Data or People.

Figure 4-1 depicts Maslow's hierarchy of needs. Needs may range from basic survival, such as obtaining food and shelter, to those which are much more esoteric, as realizing one's full potential in life. In order to feel secure and satisfied one's needs must be met. Exercise 4-3 helps you identify your needs.

Now you can take the results of the preceding exercises to outline your personal characteristics in Exercise 4-4. You should see some significant patterns in the three areas of Values, Needs and Interest themes. You can now match your personal characteristics to a few of the career alternatives explored in Chapter 2.

You are ready to work on a career development plan, Exercise 4-5. Your plan is your road map. You need a destination and then the directions for how to get there. Without such a road map, you can't possible hope to reach your goal. This is not written in stone, however. Once you begin networking and exploring the market, you may make some adjustments along the way. Table 4-2 will help you to measure your progress by establishing a time by which you want to complete the tasks necessary to reach your goal, such as going to the library for information, making informational phone calls and going on interviews. Circle the date in red when it has been completed. Since a career change can sometimes become tedious and discouraging, it will help to see that you are actually accomplishing something and getting closer to your goal.

FIGURE 4-1 NEEDS RELATED TO CAREER



THE SEARCH

Once goals are realized and a plan developed, the search begins. Someone with a goal does not wait to run across the perfect job in the classifieds. An assertive approach is necessary to hasten the realization of your dreams. The key element is you, active and self-directed. You choose your path, design your plan and guide the course of your actions. You can create your own opportunities, not just wait for something to happen. A **job** is easily obtained; a **career** is a pursuit that you design and promote. It does not just happen. It is actively engineered (Henderson 1986).

The appendices at the end of this course may be helpful in identifying organizations which could supply information, education or training opportunities, networking possibilities and job listings. The public library is another good source of information. Particularly in obtaining lists of companies or facilities that pertain to your career goal.

Networking and informational interviews are excellent ways to find out information about the career you are interested in, as well as making yourself visible in the job market to which you want to sell yourself. Networking is the act of attending functions where you have the opportunity to casually meet professionals working in your area of interest. An example of this would be to attend a seminar on Utilization Review or go to a meeting of the National Nurses in Business Association.

An informational interview is not the same as interviewing for a job. You are actively seeking out individuals who are doing the job you're interested in and meeting with them to gather information. You may simply contact people over the phone, explain that you have an interest in looking into the type of work they do and request ten minutes of their time. You will want to meet these individuals dressed as if you were going to a job interview. You never know when there might be such a position available and they'll introduce you to the manager or recruiter in charge of hiring. Go prepared with a list of questions. Exercise 4-6 is a good questionnaire to take on an informal interview. This type of approach presents you in an extremely professional manner to the environment you want to be in.

From networking and informational interviewing you may find your hunches were right and this would be the perfect job for you, or you'll find out things you weren't aware of that may change your mind. That's all right. You'll never know anything unless you put yourself out there and try.

When you have identified particular companies or facilities where you would like to work, you'll want to send a cover letter and a resume. It is preferable to identify the manager of the position you would like and direct your letter and resume to this person. Resumes sent to human resources departments are very often filed away without much notice if that particular position isn't available. However, a manager knows the needs of the department before human resources. There may be someone going out on maternity leave, or someone not measuring up to the job description, or the manager may be looking to expand the department. So, make a phone call to find out who is in charge of the department, send a brief and professional cover letter with a resume specific to that position, and then follow up with a phone call to that person in about one week. Try to get a face to face interview even if there is no such position available. Any good sales person knows that you want to get yourself in front of the customer. A professional appearance, friendly personality and the ability to express yourself well can sell you to an employer much more effectively than a piece of paper. You can simply say to the employer that you'd love to come in and meet with him or her anyway, that you're very impressed with the company and you'd like some information; turn it into an informational interview. Knowing something about the company when you meet the employer is also an advantage and gives you an air of professionalism.

Writing a brief thank you note after an informational or job interview is good etiquette, as well as once again bringing yourself to the employer's attention. You may also want to follow-up with a phone call every few weeks if this is a position you are very interested in. Friendly persistence can be impressive to an employer. Nothing makes an employer happier than to find a qualified individual who is sincerely interested in the job and the company/facility.

Since you are probably seeking a position for which you have not had previous experience, be sure to highlight areas I your resume where you have had experience related to the job you seek. Mention if

you have attended workshops or taken courses to gain knowledge and experience in this area. Many employers are willing to hire someone without experience if they demonstrate professionalism, intelligence and interest. This is why it is so important to present yourself face to face in an interview and to network with professionals in your area of interest. Never doubt your ability to learn something new and don't be afraid to tell an employer that. Nurses are always required to learn new skills, wear many hats, think fast, juggle many activities at one time and respond to crises. Certainly this is someone capable of applying experience and education to a new area. It's your job to convince a prospective employer of that.

A word on Executive Search Firms, often called "Headhunters". These recruiters are paid a commission by an employer to find someone who has expertise in a particular area. If you have worked in Utilization Review and are trying to find another job in the same field, then an executive recruiter can help you. However, if you are changing careers to something for which you have no experience, then an executive recruiter would not work with you.

The rule of thumb is that you as the potential employee should never pay anyone a fee to help you find a job. Beware of any employment agency that asks you for payment. Employers pay for excellent employees, not the reverse.

Your career is a reflection of you. It should express the uniqueness of you. No one will do the job the same way you do, because you bring your own special talents and personal characteristics to it. If your career matches your values, needs and interests, then it will be satisfying and enjoyable. It will flow out of you so naturally that you will hardly notice you are doing it. People who are well-matched to their careers are constantly recognized and praised; yet often do not notice their own abilities. This is because the work they do is such a natural expression of themselves they hardly notice they are doing it. A person designing a career is not just looking for a paycheck but a calling; an opportunity for self-expression and self-actualization.

Though any job will have its stressful days, someone who is well-matched to a career feels happy and vital. This person has the energy and interest to make it through the stressful times because the work is so satisfying. This is an enviable position to be in, and one that is possible for any nurse desiring a career change. The key is to take the time to know yourself and your options. Developing a career plan is an investment in your life and happiness. You have the most to give when you are taking care of yourself first. What better way to take care of yourself than to enjoy what you do every day.

Table 4-1 Adult Developmental STAGES AND NURSES' CAREER STAGES

Age	Phase	Central Purposes and Pervasive Themes	Nurses' Career Stages
18-23	Transition to adulthood	*Exploring:* intimacy, independence, identity, involvement and ideals. *Wondering* what you should do.	Preparation via work experiences and or education. Making first choices about career path.
24-30	Young adulthood	*Experiencing:* involvement with intimates, self-sufficiency, self-identity, and commitment to ideals. Doing what you should do.	Exploration and trial. First position as an R.N. Early transfers and promotions. Developing an image of working as an R.N.
31-37	Adulthood	*Settling:* assuming responsibility for intimacy, identity, involvement and ideals. Juggling roles and responsibilities. Knowing what you should do and wondering if you can.	Establishment and advancement. Reaffirmation of career choice. Recommitment to nursing. Orderly promotion, having a mentor. Specializing, managing.
38-45	Transition to mid-adulthood	*Stabilizing:* reviewing and revising previous decisions. Openness to alternatives. Exerting and asserting yourself. Thinking what you could do and doing it.	Mid-career transitions. Beginning a second career. Changing career direction. Expanding career horizons. Consulting, leading, publishing.
46-53	Mid-adulthood	*Realization:* balancing your life. Renewed stability and vitality. Enjoying self-confidence and security. Doing what you know you can do.	Career maintenance. Contentment with being at the top of the pay scale. Enjoying career accomplishments. Balancing involvement in nursing career
54-61	Transition to later adulthood	*Actualization:* changing your sense of self and others. Integrating yourself with your life choices. Being, doing and enjoying it.	Career role transitions. Roll modeling, coaching and mentoring other nurses.
62-69	Later adulthood	*Deceleration:* exploring alternatives. Viewing life horizons. Modeling ideals and values. Doing what you like and liking what you do.	Retirement or reduction in career involvement. Disengagement from nursing career.
70-	Senior adulthood	*Reflection:* self approval. Doing what you are able to. Remembering what you did.	Career reflections.

(Henderson 1986)

Exercise 4-1 Your Most Cherished Values

Listed here are 20 life values identified by Hagberg and Leider (1982). First read through the list, thinking of your values as modes of conduct that defines your behavior and desires. Then reread it and rank the values in the spaces provided from one (1) (most cherished to twenty (20) (least cherished).

a. Achievement (sense of accomplishment/promotion) ______
b. Adventure (exploration, risks, excitement) ______
c. Personal freedom (independence, making your own choices) ______
d. Authenticity (being frank and genuinely yourself) ______
e. Expertness (being good at something important to you) ______
f. Emotional strength (ability to handle inner feelings) ______
g. Service (contribute to satisfaction of others) ______
h. Leadership (having influence and authority) ______
i. Money (plenty of money for things you want) ______
j. Spirituality (meaning to life, religious beliefs) ______
k. Physical health (attractiveness and vitality) ______
l. Meaningful work (relevant and purposeful job) ______
m. Affection (warmth, caring, giving and receiving love) ______
n. Pleasure (enjoyment, satisfaction, fun) ______
o. Wisdom (mature understanding, insight) ______
p. Family (happy and contented living situation) ______
q. Recognition (being well-known, praised for contribution) ______
r. Security (having a secure and stable future) ______
s. Self-growth (continuing exploration and development) ______
t. Intellect (having a keen, active mind) ______

In the spaces provided, write five values you most cherish in order of their priority.

1. ____
2. ____
3. ____
4. ____
5. ____

Exercise 4-2 A Modified Interests Inventory

Sets A to F in this exercise are descriptors from similar inventories by Hagberg and Leider, Johansson and Bolles. Twelve activities, which describe things you may enjoy, are listed in each set. As you read each list, use a check mark to indicate the activities that reflect your interests. Use a number in the appropriate column to indicate the extent of your interest from 1 (low) to 3 (high). Add your interest scores and place the total in the score box at the end of each list. An interpretation of your scores follows the sets of exercises.

		Interest		
Set A	**Most Describes You (√)**	**Low 1**	**Moderate 2**	**High 3**
1. Biking				
2. Cooking				
3. Dancing				
4. Designing objects				
5. Adjusting equipment				
6. Operating equipment				
7. Woodworking				
8. Needle working				
9. Sailing				
10. Swimming				
11. Running				
12. Skiing				
	Score Total			

		Interest		
Set B	**Most Describes You (√)**	**Low 1**	**Moderate 2**	**High 3**
1. Assessing others				
2. Using logic				
3. Experimenting				
4. Observing				
5. Clarifying problems				
6. Researching				
7. Surveying				
8. Analyzing				
9. Diagnosing problems				
10. Testing ideas				
11. Critiquing				
12. Evaluating				
	Score Total			

Exercise 4-2 A Modified Interests Inventory

		Interest		
Set C	**Most Describes You (√)**	**Low 1**	**Moderate 2**	**High 3**
1. Applying theory				
2. Creating new ideas				
3. Developing models				
4. Designing visuals				
5. Creating works of art				
6. Directing productions				
7. Drawing				
8. Composing music				
9. Acting				
10. Predicting				
11. Taking pictures				
12. Writing poetry				
	Score Total			

		Interest		
Set D	**Most Describes You (√)**	**Low 1**	**Moderate 2**	**High 3**
1. Caring for others				
2. Coaching				
3. Counseling				
4. Editing				
5. Listening				
6. Designing educational materials				
7. Leading groups				
8. Negotiating				
9. Writing letters				
10. Writing reports				
11. Reading				
12. Translating				
	Score Total			

Exercise 4-2 A Modified Interests Inventory

		Interest		
Set E	**Most Describes You (√)**	**Low 1**	**Moderate 2**	**High 3**
1. Initiating ideas				
2. Planning changes				
3. Taking risks				
4. Assigning task				
5. Setting standards				
6. Coordinating activities				
7. Implementing policies				
8. Managing conflict				
9. Speaking in public				
10. Competing in games				
11. Telling stories				
12. Using humor				
	Score Total			

		Interest		
Set F	**Most Describes You (√)**	**Low 1**	**Moderate 2**	**High 3**
1. Keeping deadlines				
2. Carrying things out in detail				
3. Making contacts				
4. Organizing records				
5. Classifying data				
6. Filing				
7. Processing forms				
8. Inventorying				
9. Keeping financial records				
10. Managing budgets				
11. Allocating resources				
12. Following through on others' instructions				
	Score Total			

Exercise 4-2 A Modified Interests Inventory

Interpretation

The maximum interest themes score is 36. Following is the scoring grid that explains which of the sets of activities illustrates specific themes. Write your scores in the appropriate spaces.

Interest Themes Scoring Grid

Set	Theme	Score
A	Realistic	
B	Investigative	
C	Artistic	
D	Social	
E	Enterprising	
F	Conventional	

Interest themes Scoring Key

Score Range	Interpretation
30-36	High
26-29	Moderate
22-25	Low

Table 4-2 Interest Categories and General Themes

Category	General Theme
Things	Realistic
Data	Investigative: artistic; conventional
People	Enterprising: Social

Exercise 4-3 Identifying Your Needs

Read the following list of 25 needs and check those that are most essential to you. Then rank those selected, beginning with 1 (one) as the most essential. If you have particular needs other than those listed, space is provided at the end of the list for you to write them. Include any additions in your priority rating.

Needs	Priority rating
1. Independence	_____
2. Self respect	_____
3. Being well-known	_____
4. Creativity	_____
5. Beauty	_____
6. Money	_____
7. Orderliness	_____
8. Belonging	_____
9. Pleasure	_____
10. Insight	_____
11. Intelligence	_____
12. Giving and receiving love	_____
13. Intimacy	_____
14. Physical vitality	_____
15. Altruism	_____
16. Being praised	_____
17. Excitement	_____
18. Sense of accomplishment	_____
19. Meaningful work	_____
20. Being good at something	_____
21. Ability to handle inner feelings	_____
22. Genuineness	_____
23. Continual self-development	_____
24. Secure and stable future	_____
25. Spirituality	_____
________________________	_____
________________________	_____
________________________	_____

Exercise 4-4 Profile of Your Unique Personal characteristics

According to the results of your assessment of your personal characteristics (Exercise 4-1) how would you describe yourself? In the columns that follow write your five most cherished values, the five essential needs you gave highest priority and the interest themes in which you scored 22 and above.

Values	Needs	Interest Themes
________________	_________________	___________________________
________________	_________________	___________________________
________________	_________________	___________________________
________________	_________________	___________________________
________________	_________________	___________________________
________________	_________________	___________________________

Exercise 4-5 Career Development Plan

1. Goal: What do you want to do?

   ____
   ____
   ____

2. Rationale: Why? What is your motivation for this goal?

   ____
   ____
   ____

3. Involvement: State your willingness to devote time, effort and energy to make this goal a reality.

   ____
   ____
   ____

4. Congruence: To what extent is this goal compatible with your personal and professional goals?

   ____
   ____
   ____

5. Time: By what specific point in time do you expect to achieve it?

   ____
   ____
   ____

6. Individual attributes: List your unique professional characteristics, knowledge, skills and experience related to this goal.

   ____
   ____
   ____

Exercise 4-5 Career Development Plan (Cont'd)

7. Potential intrinsic rewards: To what extent will achieving this goal satisfy you in terms of a sense of accomplishment or achievement, happiness, confidence or security?

   ____
   ____
   ____

8. Potential extrinsic rewards: What are the tangible rewards of your achievement of this goal (i.e.: monetary remuneration, medical, vacation or other benefits)?

   ____
   ____
   ____

9. Requirements: List the specific qualifications necessary to meet the goal.

   ____
   ____
   ____

10. Your preparation: List the specific knowledge, skills and other qualifications that you currently have related to the goal.

    ____
    ____
    ____

11. Additional preparation needed: Write the results of your comparison of items 9 and 10.

    ____
    ____
    ____

12. Objectives and actions: Identify and list the objectives along the path toward achievement of this goal. For each, list specific actions to be taken.

    ____
    ____
    ____
    ____
    ____
    ____
    ____

Table 4-3 Timeline chart for Goal and Objectives

Goal	Year[a]			Year + 1			Year + 2			Year + 3			Year + 4		
	1/1	4/30	8/31	1/1	4/30	8/31	1/1	4/30	8/31	1/1	4/30	8/31	1/1	4/30	8/31
Objectives and actions															

[a]Year means this year: year + 1, next year, etc.

Exercise 4-6 Interview Questions and Findings

I. Description of practice or position

1) What exactly do you do?
    1. ______________________________
    2. ______________________________
    3. ______________________________

  b. With what population do you work?
    1. ______________________________
    2. ______________________________
    3. ______________________________

  c. What are the client problems or phenomena that you encounter?
    1. ______________________________
    2. ______________________________
    3. ______________________________

  d. What knowledge and skills do you use most?
    1. ______________________________
    2. ______________________________
    3. ______________________________

II. Requirements

  a. What is the minimum educational preparation for this position or practice?
    1. ______________________________
    2. ______________________________
    3. ______________________________

  b. What special preparation or experience is required?
    1. ______________________________
    2. ______________________________
    3. ______________________________

III. Satisfaction

  a. What do you like **best** about your position or practice?
    1. ______________________________
    2. ______________________________
    3. ______________________________

  b. What do you like **least** about it?
    1. ______________________________
    2. ______________________________
    3. ______________________________

  c. What are the intrinsic rewards you experience (i.e. sense of accomplishment, contribution meaningfulness)?
    1. ______________________________
    2. ______________________________
    3. ______________________________

d. What are the extrinsic rewards that are most significant to you (i.e. salary, work schedule, opportunities for advancement)?
   1. ____
   2. ____
   3. ____

IV. Risks and losses

a. What risks are involved (i.e. overload, under-load, job security)?
   1. ____
   2. ____
   3. ____

b. What losses are involved (i.e. lost skills, time constraints, diminished resources)?
   1. ____
   2. ____
   3. ____

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APPENDIX

Appendix A International and National Health Organizations

American Association of Diabetes Educators
Box 56, N Woodbury Road
Pittman, NJ 08071

American Association for Respiratory Therapy
1720 Regal Row
Dallas, TX 75235

American Cancer Society
777 Third Avenue
New York, NY 10017

American Red Cross
17th and D Streets NW
Washington, DC 20006

American School Health Association
P.O. Box 708
1521 South Water Street
Kent, OH 44240

American Society of Childbirth
P.O. Box 16159
7113 Lynnwood Drive
Tampa, FL 33687

Appendix A International and National Health Organizations (Cont'd)

American Diabetes Association
600 Fifth Avenue
New York, NY 10020

American Heart Association
840 North Lakeshore Drive
Chicago, IL 60611

American Hospital Association
840 North Lakeshore Drive
Chicago, IL 60611

American Lung Association
1740 Broadway
New York, NY 10019

American Medical Society
535 North Dearborn Street
Chicago, IL 60610

American Public Health Association
1015 15th Street NW
Washington, DC 20005

Office of Human Development Service
Office of Policy and Legislation
200 Independence Avenue SW
Washington, DC 20201

Pan American Health Organization
525 23rd Street NW
Washington, DC 20037

Peace Corps
806 Connecticut Avenue NW
Room P-301
Washington, DC 20526

American Urological Association Allied
6845 Lake Shore Drive
P.O. Box 9397
Raytown, MO 64133

Association of the Care of Children in Hospitals
3615 Wisconsin Avenue NW
Washington, DC 20016

Joint Commission on Accreditation of Hospitals
875 North Michigan Avenue
Chicago, IL 60611

National Institutes of Health
900 Rockville Pike
Bethesda, MD 20205

National Kidney Association
2 Park Avenue
New York, NY 10016

Alpha Tau Delta National Fraternity for
Professional Nurses
14631 N. Second Drive
Phoenix, AZ 85023

American Association of Colleges of Nursing
1 DuPont Circle, Suite 530
Washington, DC 20036

American Nurses' Association
2420 Pershing Road
Kansas City, MO 64108

American Organization of Nurse Executives
840 North Lakeshore Drive
Chicago, IL 60611

Appendix A International and National Health Organizations (Cont'd)

People to People Health
Foundation (Project HOPE)
Millwood, VA 22646

International Committee of Catholic Nurses
and Social Assistants
Palazzo S. Calisto
1-00120 Cittadel Vaticano, Italy

US Office of Personnel Management
1900 E Street NW
Washington, DC 20415

International Council of Nurses
3 Place Jean Marteau
1201 Geneva, Switzerland

US Public Health Services
Dept. of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

National League for Nursing
10 Columbus Circle
New York, NY 10019-1350

World Health Organization
Avenue Appia, 1211
Geneva 27, Switzerland

National Student Nurses' Association
10 Columbus Circle
New York, NY 10019-1350

World Federation of Neurosurgical Nurses
286 W. 2nd Street
Morrestown, NJ 08057

Sigma Theta Tau National Honor Society
of Nursing
1100 Waterway Boulevard
Indianapolis, IN 46202

Appendix B Regional Nursing Organizations

Mid Atlantic Regional Nursing Association
Teachers College
Columbia University
Box 146
525 W. 120 Street
New York, NY 10027

Midwest Alliance in Nursing
Room 108-BR
Indiana University
1226 W. Michigan Street
Indianapolis, IN 46223

New England Organization of Nursing
c/o EDC
55 Chapel Street
Newton, MA 02160

Southern Council of Collegiate
Education for Nursing
1340 Spring Street NW
Atlanta, GA 30309

Western Interstate Commission for Higher Education
P.O. Drawer P
Boulder, CO 80302

Appendix C Specialty Nursing Organizations

Aerospace Medical Association Flight
Nurse – Section ASMA
PSC Box 3009
APO NY   09223

American Academy of Ambulatory Nursing
Administration
N Woodbury Road
Box 56
Pittman, NJ   08071

American Assembly for Men in Nursing
c/o College of Nursing
Rush University
600 S Paulina – 474-H
Chicago, IL   60612

American Association for Critical Care Nurses
One Civic Plaza
Newport Beach, CA   92660

American Association of Industrial Nurses
P.O. Box 478
Dallas, TX   75221

American Association of Nephrology Nurses
N. Woodbury Road
Box 56
Pittman, NJ   08071

American Holistic Nurses' Association
P.O. Box 116
Telluride, CO   81435

Association of Operating Room Nurses
10170 E. Mississippi Avenue
Denver, CO   80231

American Association of NeuroScience
Nurses
22 S Washington Street, Suite 203
Park Ridge, IL   60068

American Association of Neurosurgical
Nurses
625 N Michigan Avenue, Suite 1519
Chicago, IL   60611

American Association of Nurse Anesthetists
219 Higgins Road
Park Ridge, IL   60068

American Association of Nurse Attorneys
P.O. Box 5564
Washington, DC   20016

American Association of Occupational
Health Nurses
3500 Piedmont Road NE
Atlanta, GA   30305

American college of Nurse-Midwives
1522 K Street NW, Suite 1120
Washington, DC   20005

American Indian/Alaska Native Nurses'
Association, Inc.
P.O. Box 1588
Norman, OK   73070

American Society of Ophthalmic Registered
Nurses, Inc.
P.O. Box 3030
San Francisco, CA   94119

Appendix C Specialty Nursing Organizations (Cont'd)

Association of Pediatric Oncology Nurses
Pacific Medical Center
P.O. Box 7999
San Francisco, CA 94120

Association of Rehabilitation Nurses
2506 Gross Point Road
Evanston, IL 60201

American Society of Post-Anesthesia Nurses
2315 Westwood Avenue, Suite 1
P.O. Box 11083
Richmond, VA 23230

Association for Practitioners in Infection Control
505 E Hawley Street
Mundelein, IL 60060

Association of Nurses Practicing Independently
21 Spruce Street
Dept NL
Dansville, NY 14437

Gerontological Nursing
844 West End
Annapolis, MD 21401

International Association for Enterostomal Therapy, Inc.
One Newport Place, Suite 970
Newport Beach, CA 92660

National Association for Health Care Recruitment
P.O. Box 93851
Cleveland, OH 44101

American Society of Plastic and Reconstructive Surgical Nurses
N Woodbury Road
Box 56
Pittman, NJ 08071

Commission on Graduates of Foreign Nursing Schools
3624 Market Street
Philadelphia, PA 19104

Dermatology Nurses' Association
N Woodbury Road
Box 56
Pittman, NJ 08071

Emergency Nurses' Association
666 North Lake Shore Drive, Suite 1131
Chicago, IL 60611

Lesbian & Gay Nurses' Alliance
801 E. Harrison, Suite 105
Seattle, WA 98102

National Association of Orthopaedic Nurses
N Woodbury Road
Box 56
Pittman, NJ 08071

National Association of Pediatric Nurse Associates and Practitioners
1000 Maplewood Drive, Suite 104
Maple Shade, NJ 08052

National Association of Physician's Nurses
9401 Lee Highway, Suite 210
Fairfax, VA 22031

Appendix C Specialty Nursing Organizations (Cont'd)

National Association for Practical Nurse
  Education and Service
10801 Pear Tree Lane, Suite 151
St. Louis, MO   63134

National Association of Hispanic Nurses
2014 Johnston Street
Los Angeles, CA   90031

National Association of Nurse Recruiters
30 Woodland Drive
Churchville, PA   18966

National Federation of Licensed Practical
  Nurses, Inc.
214 South Drive
P.O. Box 11038
Durham, NC   27703

Nurses' Christian Fellowship
233 Langdon Street
Madison, WI   53703

National Intravenous Therapy Association, Inc.
87 Blanchard Road
Cambridge, MA   02138

Nurse Consultants' Association
P.O. Box 25875
Colorado Springs, CO   80936

National Nurses' Society on Alcoholism
P.O. Box 7728
Indian Creek Branch
Shawnee Mission, KS   66207

National Association of Quality Assurance
  Professionals, Inc.
Dept NL
1800 Pickwick Avenue
Glenview, IL   60025

National Association of School Nurses, Inc.
P.O. Box 1300
Lamplighter Lane
Scarborough, ME   04074

National Black Nurses' Association, Inc.
P.O. Box 18358
Boston, MA   02118

National Flight Nurses' Association
  Life Flight
Allegheny General Hospital
320 E North Avenue
Pittsburg, PA   15212

Nurses' Coalition for Action in Politics
1030 15th Street NW, Suite 408
Washington, DC   20005

National Nurses' Society on Addictions
2506 Gross Point Road
Evanston, IL   60201

Nurses' Educational Funds, Inc.
555 W 57th Street
New York, NY   10019

Nurses' Alliance for the Prevention of
  Nuclear War
Box 319
Chestnut Hill, MA   02167

Appendix C Specialty Nursing Organizations (Cont'd)

Nurses' House, Inc.
10 Columbus Circle
New York, NY   10019

Nurses Now
P.O. Box 5156
Pittsburgh, PA   15206

Nurses' Association of the American College
of Obstetrics and Gynecologists
600 Maryland Avenue SW, Suite 200 East
Washington, DC   20024

Public Health Nursing/American Public
Health Association
1015 Fifteenth Street NW
Washington, DC   20005

Society for Advancement in Nursing, Inc.
Cooper Station, Box 307
11th Street and 4th Avenue
New York, NY   10003

Society for Parenteral and External Nutrition
1025 Vermont Avenue NW
Suite 8110 – Dept N 81
Washington, DC   20005

Society for Peripheral Vascular Nursing
1070 Sibley Tower
Rochester, NY   14604

Society for Research in Nursing Education
School of Nursing, N319Y
University of California, San Francisco
Third and Parnassus Avenue
San Francisco, CA   94143

Nurses in Transition
P.O. Box 14472
San Francisco, CA   94114

Oncology Nursing Society
3111 Banksville Road
Pittsburg, PA   15216

Otolaryngology and Head/Neck Nurses
c/o Warren Otologic Group
3893 E Market Street
Warren, OH   44484

The Society for Nursing History Nursing
Education Department
Box 150
Teachers College, Columbia University
New York, NY   10027

Transcultural Nursing Society
College of Nursing
University of Utah
25 S Medical Drive
Salt lake City, UT   84112

United Nurses' Associations of California
170 W San Jose Avenue, Suite 102
Claremont, CA   91711

United Nursing Home Association
16400 Southcenter Parkway, Suite 410
Seattle, WA   98188

POST-EXAMINATION

1. In ancient civilizations (around 750 B.C.) care of the sick outside the home was delegated to:
    a. Widows.
    b. Men.
    c. Outcast women, such as prisoners and prostitutes.
    d. Both a and c

2. During the Reformation of the sixteenth century the following changes occurred:
    a. Young women were responsible for care of the sick outside the home.
    b. Monasteries closed, leaving a huge void in health care.
    c. Male nurses almost completely disappeared and nursing became primarily female dominated.
    d. Deaconesses and other elderly women performed nursing duties.
    e. All of the above except a.

3. The accomplishments of Florence Nightingale include which of the following:
    a. Improved and reformed laws affecting health, morals and the poor.
    b. Reformed hospitals and improved workhouses and infirmaries.
    c. Instituted an army medical school
    d. All of the above.

4. Florence Nightingale was a controversial woman of her time because:
    a. She was educated.
    b. She aggressively fought for change in a man's world.
    c. Her idea to educate respectable young women as nurses was not accepted by the medical community.
    d. All of the above.

5. In regards to continuing education, Nightingale felt that:
    a. After their initial training, it was not necessary for nurses to be further educated.
    b. Nurses should continually seek to further their education.
    c. Education was wasted on nurses.

6. Most graduate nurses under Nightingale's training found work as:
    a. Floor supervisors.
    b. Instructors.
    c. Private duty nurses in homes of the affluent.
    d. Public health nurses.

7. In the two decades surrounding the turn of the century, nurses pioneered in the following areas:
   a. Community health/public health nursing.
   b. School nursing.
   c. Industrial nursing.
   d. Army and Navy Nurse Corps.
   e. All of the above.

8. In 1903, North Carolina, New Jersey and New York became the first three states to:
   a. Allow nurses to be trained.
   b. Register nurses under new standards set by law.
   c. Reduce the number of hours that women could work per day.

9. The first birth control clinic in America:
   a. Was established by Margaret Higgins Sanger in the early 20th century.
   b. Was enthusiastically accepted by law-makers at that time.
   c. Was developed as a result of the many deaths caused by women's self-abortion tactics.
   d. Both a and c.

10. After World War I, a nursing shortage occurred due to:
    a. The image of nursing as arduous, low paying work.
    b. Lack of funds for nursing education.
    c. Competition with non-licenses nurses for jobs.
    d. All of the above.

11. Accreditation of nursing programs was put into effect by:
    a. Dr. Richard Olding Beard.
    b. Florence Nightingale.
    c. The National League for Nursing.
    d. None of the above.

12. Managed care aims to:
    a. Prevent patients from receiving much needed care.
    b. Integrate clinical and financial aspects of patient care.
    c. Identify variables that prevent the patient and physician from reaching an achievable outcome within a reasonable period of time.
    d. Both b and c.

13. Several aspects of managed care include:
    a. Assessment of the patient's problem.
    b. Planning, procurement, delivery and coordination of services.
    c. Monitoring to assure that the multiple service needs of the client are met.
    d. All of the above.

14. Nurses may find which of the following types of positions with an insurance company?
    a. Discharge Planning.
    b. Hospital Review.
    c. Quality Assurance.
    d. Utilization Review.
    e. All of the above.

15. Nurses making the shift from giving direct patient care to working for an insurance company should:
    a. Feel comfortable in the business side of health care.
    b. Want to continue offering direct patient care.
    c. Not like to deal with extensive paperwork.
    d. None of the above.

16. The function of an Employee Assistance Program is to:
    a. Provide extensive counseling at the worksite for the employee.
    b. Provide financial assistance.
    c. Contain costs of mental health or chemical dependency treatment through the implementation of prevention strategies.
    d. All of the above.

17. Nurses working as EAP counselors must:
    a. Have a strong psychiatric and chemical dependency background.
    b. Have excellent assessment skills.
    c. Have excellent consultation skills.
    d. All of the above.

18. The QA/UR nurse:
    a. Is a fact-finder and problem-solver.
    b. Does not need to understand Medicare, Medicaid and other payor source guidelines.
    c. Assists clinical staff to contain care within the guidelines of the payor.
    d. Both a and c.

19. For the nurse without QA/UR experience, all of the following are good ways to break into the field except:
    a. Educating oneself as much as possible.
    b. Seeking a position within a hospital.
    c. Networking with colleagues.
    d. Seeking a position with a non-hospital based employer.

20. The occupational health nurse is primarily concerned with:
    a. Administering first aid to injured workers.
    b. Worker's compensation cases.
    c. The preventive approach to health care, which includes early disease detection, health teaching and counseling.

21. The focus of the occupational health nurse is turning more and more to health problems that are not caused by the job, but affect job performance such as:
    a. Drug and alcohol problems.
    b. Family relations.
    c. Stress.
    d. All of the above.

22. Changes in federal law now require long term care facilities to:
    a. Increase their census.
    b. Use more registered and licensed nurses.
    c. Stop using nurse's aids.
    d. All of the above.

23. Working with the elderly requires:
    a. Someone who is results oriented and likes to see a disease process cured.
    b. A non-accepting attitude towards death.
    c. Patience, gentleness and understanding.
    d. All of the above.

24. Rehabilitation is a growing area of health care because:
    a. Technology has increased the survival rate of trauma victims.
    b. It has been proven that rehabilitation is less costly than acute care services.
    c. Reimbursement for rehab is generally better than for other health care services.
    d. All of the above.

25. All of the following are goals of rehabilitation except:
    a. To encourage dependence on rehab staff.
    b. To help patients achieve their highest potential.
    c. To adapt to their disabilities or illnesses.
    d. To work towards independence.