Nursing Student Internship

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The process and growth of nursing as a health profession has aroused an intense interest in the process of professionalization. Nursing has indeed made great strides towards its goal of achieving professional status in society. The transfer of nursing education from hospitals to colleges and universities and the increased numbers of nurse practitioners in this country are examples of this. However, nursing education now has changed its basic approach from one that was technical and service-oriented to one that is theoretical and professionally oriented. This shift in education philosophy has resulted in an education-service split and is the basis for the crisis known in nursing as “Reality Shock.”

The writer has long thought that the termination of diploma course may have been a sacrifice to the product of the professionalization. It has also aroused the writer’s interest to examine this event. In this paper the author will look at the nursing history, how professionalism has affected the development of nursing education, and a discussion of the internship as a means to enhance nursing students’ confidence and competence will also be provided.

Historical Background

To understand more fully the circumstances in which professional nursing finds itself today vis-a-vis education, it is necessary to explore the past. Many of the giants of history are remembered for a dramatic event in their lives, while their major contributions are largely overlooked. Florence Nightingale is remembered as “The lady with the lamp,” the angelic nurse who cared for the wounded soldiers of the Crimean War. However, her genius and incredible accomplishments are not generally well known.

In the field of nursing alone, Florence Nightingale brought about a revolutionary change. Her ideas on how to professionalize nursing were perceptive and very similar to those proposed by nursing leaders today (Schuyler, 1978). Her philosophy of nursing education also influenced nursing education in the United States.

Louisa Schuyler, who was responsible for trying to bring the Nightingale system of nursing education to America, and for establishing the first nursing school here, was also a very successful nineteenth-century reformer (Steward, 1949).
She was the director of the largest region of the United States Sanitary Commission, which brought care and supplies to soldiers during the Civil War. She was the founder of the State Charities Aid Association of New York, under whose auspices she established a system of visitation to state institutions, and established the first American School of Nursing.

The success of these two reformers in bringing about extensive reforms in many areas can be credited to two powerful forces in their lives: religious idealism and the search for empirical knowledge. They both used scientific data to illustrate the need for reforms, while their idealism supported them in the fight to push through these reforms.

In the United States, the first steps to reform nursing were taken during the Civil War. Having seen that there was a complete lack of trained nurses to care for these soldiers, Louisa Schuyler decided that educated nurses were needed in America, and was the impetus for establishing the first training school for nurses in this country at Bellevue Hospital in 1873.

Although Schuyler and the women in her committees tried to pattern their school on the Nightingale system of nursing education, they were not completely successful in their attempt. It seems that they did not thoroughly understand Nightingale’s philosophy, her belief that providing students with a liberal education would help them develop strong personal values. Nor did they completely understand Nightingale’s belief in the need for a thorough and extensive theoretical education in the scientific principles of nursing and health care (Kalisch & Kalisch, 1978). These pitfalls contributed to the eventual development of American nursing schools as vocational schools rather than as the institutions of higher learning that could have produced true professionals (Kalisch & Kalisch, 1978).

As the years went by, the viewpoint that practical training was more important than theoretical education guided the administrators in the training schools. As the nineteenth century came to a close, the number of nursing schools in the United States increased rapidly (Fitzpatrick, 1983). However, the majority of the administrators in these schools believed that the idea of working the wards was the most important aspect of nursing education. This attitude was partly due to the selfish motives of the hospitals administrators that saw in student nurses an inexpensive way of staffing their wards. The fact that the pioneer nursing schools in the United States never completely understood Nightingale’s principles of nursing education was another contributing factor. According to Nightingale, gaining a theoretical understanding of health care was more important in the students’ experiences than was their service function (Schuyler, 1978).

In the first two decades of the twentieth, hospital based schools of nursing spread all over the United States. The quantity of nurses grew rapidly, but the
quality of their education suffered. In a study of the history of American nursing, Dr. Strauss suggests that the quality of nursing education in this country deteriorated because the nursing profession failed to set uniform educational standards for itself and because it failed to establish control over recruitment of nursing students (Schuyler, 1978).

In 1917, the committee on Education of the National League of Nursing Education did an evaluation of US nursing schools and discovered that most schools continued to neglect theory and scientific principles in their instruction. In 1923, Goldmark’s report pointed out that the old conflict between educational aims and service needs for student nurses continued. Training schools tried to perform two functions: to educate nurses and to supply nursing services to hospitals. The service function almost always was given preference when a conflict between the two arose (Schuyler, 1978).

Another landmark, the Committee on the Grading of Nursing Schools series (1928 and 1934), was conducted in response to this pressure and other concerns (Fitzpatrick, 1983). Both landmark studies spotlighted the lack of a stable financial base as a primary cause of the problem. Both also recommended placing nursing education in institutions of higher learning.

Early in this century, the curricula of American nursing schools not only lacked the theoretical aspects, they were also almost completely devoid of any of the liberal arts. However, there were a few nursing leaders at the turn of the century who recognized the importance of a liberal education and a thorough theoretical background in health care (Schuyler, 1978).

At the same time, there were other nursing educators in the United States who urged the incorporation of nursing education into a collegiate program, and by 1920 there were fifteen schools of nursing that had affiliated themselves with colleges of universities (Kalisch & Kalisch, 1978). However, the number of collegiate nursing programs in this country remained relatively small. Not until the 1940s did nursing leaders and organizations join forces in a concerted effort to integrate nursing education into college and university program.

Today, the drive is to elevate the education for nurses to the professional level its founder had originally envisioned. In 1954, Martha Rogers sounded a reveille for nursing education to become a part of the system of higher education in this country. She stated “colleges and universities are the storehouse of man’s knowledge about himself and the universe...It is in such institutions that nursing will find the synthesis and resynthesis of facts that will enable students to know and understand the rich soil of which nursing is an integral part.” (cited in Schuyler, 1978, p51).

In 1965, the American Nurses’ Association stated its now famous position
that the preparation for beginning professional nursing practice should be a baccalaureate degree in nursing. As the trend grows to reemphasize the intellectual aspect of nursing, the sight of nursing’s idealistic side should be kept in mind. Nursing needs its both idealistic and scientific base to be an effective profession.

**Professionalization in Nursing**

In discussion of the impact of professionalization on nursing, it should be kept in mind that the trend of professionalism may have influenced the movement of nursing education in this country. However, before further discussing this issue, the clarification of terminologies will be given. Kenneth & Johns (1979, p149) define a profession as “a very different type of occupation from all others, particularly in the distinction that a professional has the right to control his own work, that is, he possesses a deliberate autonomy to such right and is granted such rights as to be able to deliberately ignore outside intervention.”

Some sociologists have defined a profession in terms of a sound knowledge base, autonomy, and social prestige or status. Friedson (1970) pointed out the greatest distinction between profession and occupation is in legitimate autonomy as it gives the profession the right to control its own work (cited in Moloney, 1986, p6). This special status is sustained by persuasively professing the high level of trustworthiness of its members and their devotion to society’s need for which they are granted power and prestige.

The concept of professionalization refers to the extent to which the characteristics of the learned, ideal professions have been acquired by occupations. It is described as a dynamic process whereby many occupations can be observed to change certain essential characteristics in the direction of profession, but this process cannot describe the realities of any one occupation (Moloney, 1986).

When measuring the degree of professionalization upon which professions are based. Car-Saunders distinguish four types of professions in the modern world: (1) the established professions—medicine, law, and the ministry (2) the new professions—engineering, chemistry, the natural, and social sciences (3) the semiprofessions—nursing, optometry, social work, and pharmacy (4) the would-be professions—hospital managers, sales managers, work managers (cited in Moloney, 1986, p14).

Although nursing has increased public awareness of its mission and enjoys public trust, the image of nursing as the physician’s handmaid continues to pervade the public view. The task now is to change this public image to include the concept of autonomy and quality of nursing status with other professional groups. The shift from hospital school to college or university provides a good means for not only have a better learning environment, but improve people’s image on nursing.
The term "professionalism" is not referred to as frequently as "profession" in the literature. It has been defined as a set of attributes among the characteristics of professionals, and many members of other occupational groups, such as nursing, reflect the same professional attitudes as those of the medical profession (Moloney, 1986). Attitudes such as commitment to one's work and an orientation toward service rather than personal profit are often observed among professional workers.

It was generally thought that the enactment of State registration for the nursing licensure would, at least, establish minimal educational standards for nursing schools, and therefore promote the status of nursing to a professional level. However, evidence presented in numerous studies reflects the persistence of barriers to nursing's professionalism (Styles, 1982; Vogt, Velthous, Cox & Thames, 1983). These barriers keeping nursing from full professional status are summarized below.

The first barrier to professionalism is the lack of a standard fixed educational system. Although there has been a considerable increase in number of college and university nursing programs granting the baccalaureate degree, the sizable number of diploma programs and the unprecedented increase in community college programs continues to make a standardized form of professional nursing education virtually impossible, at least for the present.

In addition, it is difficult for nursing to prove its right to exclusive competence resulting from highly specialized knowledge and skills, when the bulk of practicing nurses has not acquired such preparation. According to a study, 69.6% of RNs employed in nursing hold less than a baccalaureate degree; 24.7% a baccalaureate in nursing degree; and 5.8% a master's degree and beyond in nursing (Moloney, 1986, p37).

The second barrier to nursing's drive toward professionalism is that of disunity and divisiveness within nursing. Nursing continues to experience dissension and decay within its own ranks, which have tended to compromise its distinction as a profession and yet without consensus within nursing about its competencies and purpose there can be no identity.

The lack of prepared leaders for the profession is noticeable. Reasons for this scarcity vary. Not surprising, there is a severe shortage of nursing scholars and professionals, scholars and professionals who have not assumed responsibility for leadership within nursing.

A lack of an identifiable scientific knowledge base is another obstacle. Unlike medicine which exhibit the specialized scientific knowledge through university training which is exclusive to the profession. Nursing has been seen as taking from other disciplines, rather than having its own knowledge base.

A lack of autonomy and control over nursing practice certainly needs attention. Some nurses are convinced that the problem of male domination as
observed in controlling attitudes of physicians, hospital administrators, and boards of trustees toward their occupation, prevents nursing from exercising professional authority.

The final barrier is the level of commitment to nursing. Many nurses do not make a lifetime commitment to their work, viewing it as a job rather than a full-time career. In comparison to other established professions such as doctors, lawyers, engineers, nurses tend to have a much higher rate of turnover. It can be argued that a lifetime commitment is stronger in medicine and others is due, partially, to the higher rewards and long period of professional socialization that occurs.

Fitzpatrick stated that the professional socialization for nursing students is important because it can serve as a means to correct the image problem and narrow the gap between image and reality (cited in Perspectives in Nursing 1983–1985). She stressed that the students should emerge from an educational program with a clear identity as nurse and a professional who can begin to view him/her self in relation to the issues extant in the field and who also sees him/her self somewhere along the continuum of nursing’s development.

From the writer’s own observation, integrating nursing school into colleges and universities is a way to compete with our long established colleague, physicians, in other wards, to gain recognition and change image of nursing. Similarly, this movement occurred in Australia in the early 1980’s. From the beginning, nursing schools were established in hospitals as well. They were then moved to college approximately in the late 1970s and early 1980s, under the regulation of encouraging tertiary education. Some colleges are either amalgamated as an independent university or affiliated with a university as an individual faculty. Certification levels awarded are changed from a certificate to a diploma and to a degree. There are no more hospital based schools in Australia and the diploma courses are being gradually phased out.

The history of nursing in this country provides evidences of numerous and repeated efforts to achieve professionalism. A review of nursing studies over a sixty-year period attests to nursing’s concern to upgrade the profession. As mentioned earlier, Nightingale believed that schools of nursing should have their identity as educational institutions and be financed as independent schools, not merely affiliated with the hospitals.

**Student Internship Programs**

Over the past few decades, the profession of nursing has been bombarded repeatedly by an explosion of scientific discoveries and technological advances, resulting in a doubling or tripling of the knowledge and skill base required of a beginning practitioner. Meanwhile, outside pressures resulting from accreditation
procedures, budgetary restrictions, competition for clinical facilities, and the expanded legal and professional role of the nurse have caused nurse educators to reexamine their programs and selectively limit the amount of time spent in both classroom instruction and the actual practice of clinical skills (Dear & Keen. 1980).

Although these procedures and subsequent changes in nursing education have had a serious impact on all concerned with the profession of nursing, no one has suffered more than the neophyte nurse. He/she is frequently forced to begin a professional career with insufficient confidence, competence, and clinical skills.

In the past, when nurses were primarily educated and trained in apprentice-type diploma programs based in hospital settings, the majority of their learning revolved around hands-on service-oriented skills, tasks, and procedures (Woodtl, Hazzard & Rush, 1988). These individuals upon graduation, were able to adjust immediately the responsibilities of the staff nurse in a hospital setting. Whereas, the nursing education moved out the hospitals and into the university setting, the preparation of nurses become more global and theoretical in nature, but often at the expenses of skill acquisition. As a result, graduates of college-based nursing programs are often perceived as being unprepared for the real work of nursing.

New graduates in nursing, caught in the middle of this crossfire between education and service, frequently feel personally responsible for their lack of preparation for the staff nurse role. Regardless of where the responsibility lies, the problem is real and results in a school-to-work transition that is perceived as a crisis by most new graduates. The response of new graduates to this crisis has become known in nursing as "Reality Shock." Evidence has indicated that both the short-and-long-term effects of Reality Shock are detrimental to, and impact immensely upon the graduate, the profession of nursing as a whole, the employing agency, and the quality of patient care (Kramer, 1974).

There are some transition programs designed to ease the school-to-work transition in nursing and replace the conflict felt by the new graduate (Schempp & Rampre, 1986). From the writer's direct observation, there are indeed positive effects by applying internship programs.

Internship programs reported in the literature were all designed to bring a gap between student role and that of self-assured practitioner (Dear & Keen, 1982; Olson, Gresley & Heater, 1984; Ryan-Morrell & Bower, 1987). Internships were clinically focused and usually included exposure to a gradual increase in leadership responsibilities. Some programs incorporated the use of a preceptor as a resource person for students. Length of internship varied from school to school. Strategies to assist students in the integration of essential knowledge and skills lie on the faculty and nursing service.

A statewide undergraduate clinical internship program conducted in Rhode
Island provides a good example how the nursing faculty and nursing service can work collaboratively to increase students' level of nursing confidence and competence (Dufault, Bartlett, Dagrosa & Joseph, 1992).

It was based on a previous study (1990) in Rhode Island hospital to assess eight personal and work-milieu resources associated with role mastery in 75 novice graduate nurses from four baccalaureate and one associate degree programs. These variables include: entry-level role mastery, nursing assistant experience, bicultural skills, training, preceptor's and head nurse's role mastery, the nursing unit's collective level of expertise, job satisfaction, and level of role socialization.

The results of this study were shared with the hospital's Coordinating Council, which is comprised of the hospital's Nursing Executive Committee and the deans and chairpersons of five affiliated colleges of nursing. After a lengthy discussion of who owned the problem, the nurse executives and educators recognized that an attitude of shared responsibility was critical to any solution. Following this realization, the Coordinating Council charged a subcommittee to develop, implement and evaluate an internship program that would meet the needs of these novice nurses.

In addition to operationally define the student intern role, the committee was also charged with the task of developing position statements and program objectives that would support the intern's clinical practicum needs and also be in harmony with each school's level objectives. Finally, three evaluative research studies were designed to evaluate the program's outcome in terms of the intern's problem-solving and decision-making skills, learning styles and preferences, and competencies related to technical skills, patient teaching, collaboration, leadership, professional development and communication.

Although this statewide internship program seems complicated and time-consuming, the results showed substantial support from both students and hospital. Moreover, it described the process used to develop, implement, and evaluate such a program. It focuses on the barriers encountered and the strategies used to deal with these problems during each phase of development, as well as recommendations for those who attempt to try this type of program.

Although study found that summer internship program provides many benefits to students, staff, and hospital (Borland, Bone, Harlow, Parker & Platou, 1991). The students experienced a reduced anxiety level and a definite increase in confidence and ability to perform skills. To hospital and staff the student intern program resulted in financial saving and several other benefits. Teaching interns helps staff nurses review their own techniques. Moreover, they view the internship as a recruitment tool and a good opportunity to assess potential employees. The internship program also proved to be cost effective in areas of recruitment,
orientation, and retention.

Without a doubt, a severe shortage of nurses in this country has had an impact on nursing education, nursing service, and the quality of patient care. The question of how to recruit and retain nurses becomes imperative to nursing administrators in hospitals. A study indicating a senior student internship that had positive outcomes in the areas of program satisfaction, institutional collaboration, recruitment costs, and retention rates has recently gained a great deal of attention (Woodtly, Hazzard, & Rush, 1988).

In order to bring the education-service split, student internships provide a good example. However, the willingness and possibility of conducting this type of program really rely on nursing faculty and nursing service. Only by their collaboration, can mutual benefits be experienced. Hopefully, through this program, nursing students can move more smoothly into the real world and further promote their recruitment and retention.

In conclusion, the history of nursing background was briefly reviewed. The exploration of the past depicts a clear picture of the movement of nursing in this country. It also helps gain a better understanding of the process of American nursing education. The issue of professionalization and its impact on nursing education was also discussed. Although nursing has not quite reached full professional status, the responsibility for ongoing professionalism is something that each practitioner of the profession must accept individually as a personal commitment. Internship, as a method to ease students' anxiety as well as enhance their confidence and competence was discussed. One thing should be remembered that the theoretical knowledge as well as the practical skills has to be equally weighted. It is the writer's hope to arouse educators and administrators' attention on the issue of student internship, which is beneficial to both parties.
The impact of student nurse internship programs on the recruitment and retention of nursing students has been discussed. This type of program is designed to promote early commitment by their participants and attract more students to the profession.

References


