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**Chapter- 1**

**HISTORY OF ORIGIN OF NURSING IN INDIA**

Need for the evolvement of Nursing Profession began in ancient India, where the medical care was provided only by doctors and physicians. Though Sushruta, the father of medicine had mentioned about nursing while describing few essential qualities of nurses, there has been no mention about female nurses in India till the Mughal period. Nursing in India was started and developed only after invasion by the British. The first nursing training school was sanctioned by the British government during 1854 in Madras in the lying-in hospitals. Initially, a two-years’ course for nurses training was started at St Mary’s hospital at Tantaran in Punjab.

In primitive times, nursing profession was considered to be an occupation for Hindu widows and deserted women as a self-supporting measure. Women from the Christian community undertaking the nursing profession were more in number than the women from other communities, since, as a profession, nursing did not have a proper status in the eyes of society.

The recommendations proposed by Bhore Committee (1943-46) acted as the foundation for development of nursing services in India. In post-independence period, various committees were formed to study the position/ situation of nursing profession in the country. Various changes were brought from time to time in education and service system as well as in the rules and regulations.

**Origin of Professional Bodies in Nursing**

Initial regulatory body of nursing was Trained Nurses of India (TNAI) was formed in the year 1908 and the Indian Nursing Council (INC) was established in the year 1947, which thereafter upgraded the basic educational qualification requirement for candidates desiring to undergo nursing education. After establishment of the INC, most of the states in India have established their State Nursing Councils (SNC). The SNCs were responsible for maintaining the standard and uniformity in nursing education. Main function of SNCs was to conduct examinations and the registration of qualified nurses to permit them to practice.

Primitive courses in Auxiliary Nurse Midwife (ANM), (one year and six months) and General Nursing and Midwifery (GNM) (three years and six months) were mainly conducted. BSc and MSc Nursing courses were introduced subsequently and very few colleges were conducting these programmes. After which M Phil and Ph.D programmes successfully were introduced in nursing all over India. Periodic revision of all these programmes and their curriculum is being done from time to time, to improve the educational standard.

Standard of education and code of ethics were regulated by the INC and SNC. The colleges and universities do play an important role in maintaining quality and standard of education. TNAI, along with other associations in specialised nursing fields and unions, provide collective professional identity to contribute to development of nursing profession. They play a major role in collective advocacy and safeguard welfare of nurses. Legal provisions and government control over the nursing practice ensures good and conducive working environment. All these combined efforts from different institutions would play an effective role in establishing professional status and autonomy in nursing.

**Onset of Changes**

Nursing profession, being entirely job-oriented, there is great demand for qualified nurses all over the India .It was noticed that there is great disparity between the available and required number of nurses as per the population and the set INC norms in the nurse/ patient ratio. Shortage of nursing personnel, between 1980-1990s, might have been due to migration of trained nurses to overseas countries, especially in the Gulf countries for higher salary and perks. Since many corporate hospitals are being established and any more avenues like medical tourism, home nursing, industrial nursing etc. are available to better qualified and efficient nursing personnel. Also the number of men entering this female dominated profession have been increasing in the last few years which is a clear indication of increased demand for nurses.

However, in reality, nursing and midwifery profession is not honoured as an autonomous body in spite of the fact that they are fully developed, qualitatively and quantitatively. The services rendered by them to ailing patients do not receive proper recognition from other health professionals in the medical field and even by the society at large. They are not accepted as leaders or administrators in their own fields without assigning any justifiable reason for such lack of recognition for the nursing profession.

In the years to come, many changes are expected even in the National Health Policy regarding funding, education, specialisation, creation of a permanent nursing cadre, better salary structure etc. With respect to women’s empowerment the nurses are already empowered and they only need freedom to use their powers. There is a great need for the society to recognise the rights and responsibilities of nurses and midwives and therefore they should insist for having only qualified nurses wherever they get admitted for medical treatment.

It is necessary that managements of government and public sector hospitals should think on the lines of administrators of corporate hospitals and improve working and image of health services, including efficient patient care rendered in the public hospitals. One way of improving health services in the public sector is to maintain the INC prescribed nurse: patient ratio (1:3), at least to some extent in certain departments to give better service. If that is adopted by government hospitals, it would help the government-managed hospitals to gain public confidence.

Adoption of NABH accreditation shall certainly improve the quality of nursing care, which will be more patient-oriented even in public sector and government hospitals. And implementation of NACC in academic sectors and Proper and controlled use of information technology is playing wonderful role in raising their performance standard.

In future, the concept of a ‘nursing practitioner’ and research in nursing, need to be encouraged more along with evidence-based nursing practice.

All these changes shall definitely give appropriate respect and position to nurses in the society, but would also bring financial stability to this noble profession of nursing.

**ESSENTIAL RESPONSIBILITIES OF NURSES IN CLINICAL SETTING**

A nurse's responsibilities may vary depending on the settings where they work, what licenses they have obtained and how experienced they are. The numerous responsibilities which they need to carry are as follows.

**1. Recording medical history and symptoms**

One of the basic responsibilities of a Nurse is to record and maintain accurate documentation of their patients' health to ensure they receive the proper treatment. Most nurses begin this process by asking patients questions about their medical history to gather information about previous diagnoses and surgeries, current medications, allergies and relevant family medical information. They may also ask the patient questions about any symptoms they are currently experiencing and record their vitals.

If the patient receives a new diagnosis, medication or treatment plan during their visit to hospital , a nurse may be responsible for updating their medical record with this information. Maintaining detailed and accurate medical records is critical for ensuring patients receive the bestpossiblecare.

**2. Administering medications and treatments**

Most nurses administer medications and treatments to their patients with a physician's order. They can also help develop a treatment plan for their patients. Specialized nurses, such as nurse practitioners, may be able to prescribe medications without a doctor's approval. Some treatments nurses may help with include cleaning and dressing wounds, changing bandages and inserting catheters. Nurses may also assist doctors with more advanced procedures or administer emergency care to patients in critical condition.

**3. Collaborating with teams for patient care**

Nurses play a vital role in collecting information from patients and sharing it with the rest of their medical team. Because this is such a key responsibility for those in the nursing profession, nurses must have excellent verbal and written communication skills to effectively collaborate with physicians and other healthcare providers. Clear, concise communication can also ensure that patients and their family members understand all of the information they receive.

**4. Performing diagnostic tests**

Nurses may perform a wide variety of diagnostic tests, including checking vitals and collecting tissue, blood, stool or urine samples for analysis. It is important for nurses to pay close attention to detail to ensure these tests are administered properly because they need this information to diagnose patients and develop treatment plans. Nurses may also be responsible for analyzing the results and sharing what they find with the rest of their medical team.

**5. Conducting physical examinations**

Nurses often conduct a physical examination of patients at the beginning of their visit to assess their overall health. This may involve taking the patient's temperature, recording their weight, monitoring their heartbeat and checking their blood pressure. This examination may also include testing the patient's reflexes, checking their lymph nodes and examining their eyes, ears, nose and throat. The physical examination provides nurses and the rest of the medical team with a current update on the patient's health and an opportunity to talk to patients about their health goals and concerns.

**6. Monitoring patients' health**

Nurses must carefully monitor and observe their patients to record any symptoms or relevant information that could lead to a diagnosis or a change in their treatment plan. This may involve carefully checking patient records to ensure the correct medications and dosages are listed, maintaining intravenous (IV) lines to ensure they are changed regularly and monitoring the patient's vital signs. Nurses must also pay close attention to nonverbal cues from their patients to help them identify underlying causes for their health-related issues.

**7. Providing support and advice to patients**

It is important to make sure patients feel cared for, listened to and understood, especially when nurses need to deliver challenging medical news. Patients often look to nurses for support and advice to help them process their diagnoses and determine what steps they should take next. Nurses who are empathetic toward patients and their family members can provide comfort and guidance during these situations. They may also equip their patients with effective coping strategies or provide them with inpatient and outpatient resources.

**8. Operating medical equipment**

Nurses use a wide variety of diagnostic tools to care for their patients, including stethoscopes, glucometers, pulse oximeters, thermometers and blood pressure machines. Depending on where they work and what licenses they hold, nurses may also be trained to operate more specialized machinery, such as intravenous infusion pumps, ventilation equipment and wound drainage systems. Having a strong background in technology and mathematics can help nurses properly operate medical equipment and analyze the results.

**9. Educating patients about how to manage an illness**

Part of a nurse's role is to educate their patients about various medical conditions and provide clear instructions on how they can manage their symptoms. This could include explaining what medications the patient needs to take, when the patient should schedule a follow-up appointment and instructions for rehabilitative exercises or practices. Nurses may also be responsible for explaining additional post-treatment home care needs to a patient's family or caregiver. This can include recommendations for the patient's diet and nutrition, exercise routine and physical therapy.

Some nurses may also proactively educate people about common diseases by speaking at seminars, helping with blood drives or offering their services at health screening and immunization clinics.

**10. Advocating for the health and well-being of patients**

In order to properly care for their patients and ensure their safety, nurses may often act as advocates for their health and overall well-being. This can involve translating the medical information or diagnosis a doctor provides to ensure the patient understands the important details, encouraging patients to ask questions or connecting patients with resources at another facility that's better suited for their needs. Nurses can also advocate for their patients by taking the time to actively listen to their concerns, respecting their wishes and communicating what the patient wants with their family or other staff members.

**11. Providing basic bedside care**

Nurses may be responsible for a wide range of basic bedside care tasks, depending on their particular working environment. These tasks can include helping patients bathe, use the bathroom and perform other hygiene-related activities. Bedside nurses also offer their patients emotional support, administer medications and track their vitals.

**12. Training and educating staff**

In addition to the clinical work they do to take care of patients, qualified nurses with an appropriate amount of experience may help train and supervise newer members of their medical team, including practical nurses and nurses' aides. Some nurses may even work with nursing students by offering training courses through a local college or providing continuing education programs for nurses looking to advance in their careers.

**13. Maintaining inventory**

Experienced nurses may take on extra job roles, such as maintaining inventory and ordering supplies. This is often a shared responsibility, but tenured nurses may supervise entire departments. Making sure supplies are properly organized, accounted for and restocked on time can help ensure the medical team has all of the resources they need to provide quality care for their patients.

**CHALLENGES FACED BY NURSES AT WORKPLACE**

A challenge is something new and difficult which requires great effort and determination. Challenges are the part and parcel of every profession. similarly, There are many Challenges which are placed by the nurses at the work place these are as follows

**1.Workplace mental violence**

Workplace violence is widespread in healthcare settings. Huge amount of workload and responsibilities on the staff can often lead to disturbed mental peace which will ultimately lead to less efficient care. Multiple tasks can pose a problem in a healthcare unit. Workplace mental violence can be also in the form of threats, verbal abuse, hostility and harassment, which can cause psychological trauma and stress. At times verbal assault can escalate to physical violence. In a healthcare setting, the possible sources of violence include patients, visitors, intruders and even co-workers. From times , incidents of serious workplace violence (those requiring days off for the injured worker to recuperate) were four times more common in healthcare than in private industry on average. Patients are the largest source of violence in healthcare settings, but they are not the only source. In 2023, 57 percent of serious violent incidents reported in healthcare settings were caused by interactions with patients. Other incidents were caused by visitors, co-workers, or other people. At many instances workplace violence is under-reported.

**2.Shortage of staff**

Deficient Manpower leads to unmanageable patient load and disparity in the Nurse: Patient ratio. Nurse: Patient ratio needs to be well maintained as it highly affects the patient care delivery system. When nurses are forced to work with high nurse-to-patient ratios, patients die, get infections, get injured, or get sent home too soon without adequate education about how to take care of their illness or injury. So they return right back to the hospital, often sicker than before. When nurses have fewer patients, they can take better care of them. When there are sufficient number of nurses in a healthcare setting, the nurses have more time to advocate with the patients and their relatives about the plan of patient care and s/he can ensure that the patient gets everything they need, and thereby patients are more likely to thrive in such situations.

**3.Workplace health hazards**

Nurses confront a high risk of developing occupational health hazards if not taken proper precautions and care. Nurses are confronted with a variety of biological, physical, and chemical hazards during the course of performing their duties. The level of occupational safety and health training and resources available to nurses, and the incorporation, implementation, and use of such training and resources with management support and leadership are critical factors in preventing adverse outcomes from the occupational safety and health hazards nurses are exposed to on a daily basis.

**4.Long working hours**

Short staffing pattern in a health care unit often results in long working hours and double shifts of staff nurses. It is evidently affecting the health of the nurses. It is quite difficult for a nurse to provide efficient nursing care with exhausted state of mind and body.

**5.Lack of Synchronicity**

Disharmony and lack of teamwork is an emerging challenge in the heath-care sector. Harmonious relationship amongst healthcare workers is an essential requirement for the healthcare system. Nurses bear the indirect opprobrium of every dreadful incident which occurs in the hospital. If the patient is not satisfied by the care rendered in the hospital, all the blame is accrued to the nurses, even if it is not her fault. Inadequacy in the care rendered may vary from ineffective medical care to non-availability of doctors, and yet nurses are being blamed. Non availability of equipment in hospital, which in turns affects the quality of care. Although the responsibility is not necessarily of nurses, yet nurses are ultimately responsible for patient care environment in their wards.

**6.Lack of recognition**

Hospitals must be safe places for sick folks and their nursing services carry responsibilities that are not always recognized. 1 There is no support system for nurses and hence their performances are usually not projected well. During inspections conducted in Hospitals by Medical Council of India and Indian Nursing Council, nurses play a vital role in all facilitations, and at the culmination of the inspections, the outcomes are not shared with them and they are not acknowledged for the work performed.

**7.Non-nursing roles**

In almost all healthcare settings, nurses undertake roles which are not of their forte, hence they are left with minimal time to carry out their actual roles and responsibilities. They are spending more time than necessary doing non-nursing-related work, for e.g., billing, record keeping, inventory, laundry, diet, physiotherapy, absconding of patient, etc., thereby diminishing time for patient care. If at any instance, there is any fault in these roles, the nurses have to bear the brunt of that in the form of cancellation of leaves, salary deductions etc., Very little efforts have been made in any jurisdiction to explicitly address this.

**Solutions To Curb Challenges faced by Nurses**

All the listed challenges are somehow interlinked and interdependent. It is necessary for us to look deep within these problems and to reach to the core of these challenges in order to find resolutions for the same.

**1.Positive practice environment**

**Work environment:** Work environment plays a large role in the ability of providing quality care. It impacts everything from the safety of patients and their caregivers to job satisfaction. There needs to be employer friendly work environment. Safety and security of the nurses should be given importance. To maximize the contributions nurses, make to society, it is necessary to protect the dignity and autonomy of nurses in the workplace. A Healthy Work Environment is one that is safe, empowering, and satisfying.

A culture of safety is paramount, in which all leaders, managers, health care workers, and ancillary staff have a responsibility as part of the patient centered team to perform with a sense of autonomy, professionalism, accountability, transparency, involvement, efficiency, and effectiveness. All must be mindful of the health and safety for both the patient and the health care worker in any setting providing health care, providing a sense of safety, respect, and empowerment to and for all persons. Harmonious human relations and incentives in work settings may serve as motivation and encouragement for the nurses.

**2.Equipment and materials*:***The availability and adequacy of samples of equipment and consumable supplies is often a matter of concern. Usually staff report that they are crippled by unavailability and inadequacy of certain equipment and supplies. The problems ranged from the inadequacy of life saving supplies and equipment including IV drugs adrenaline, oxygen and autoclaves to relatively cheap supplies including gauze and cotton wool. The hospital management should ensure at regular basis that the supplies and equipment are adequately available for the smooth functioning of the hospital.

**3.Positive team work**

A team needs to be taught about importance of team work and a good team can always conquer the goal of effective and quality patient care. It can also accelerate the focus on curative care of the patients.

**4.Recruitment and retention policy**

A proper and well-planned policy for recruitment and retention has to be included in an organization in order to enhance the manpower for better support and care.

**5.Closing education-service gap**

Every heath care organization should be focusing on eradicating the difference between what is taught to the nurses during their study period and what is being done practically by them in hospitals. Practical and theoretical things of nursing aspects should be merged to an extent to close the education - service gap. Nursing colleges, year by year are strengthening their educational programs and their supervision in an effort to develop thoughtful nurses and to safeguard patients whom they tend. Students need to be taught reverence for human life, as tragedy lurks round every corner in a hospital-any hospital, good or bad and that price of safety is eternal vigilance.

**6.Workload balance**

Workload often leads to unwanted hassles and loss of mental peace which ultimately leads to less efficient care. An organization should try to balance the workload by distributing it equally among all the health care members so as to get the desired results out of a health care team.

**7.Evidence based practice**

Nurses should also deviate a part of their focus towards evidence-based practice. Various practices have related researches which can be read by the nurses to see if that practice is actually effective or not. Regular reading of research articles and studying various experimental studies can improve the knowledge and practice of nurses and thus can have a huge positive effect of patient health care and curative care too .

**NURSES AND ETHICAL DILEMMA**

Nurses frequently face ethical dilemmas while caring for their patients. These dilemmas can take different forms, such as how best to respect a patient’s decision to refuse treatment due to cultural or personal beliefs, or what to do when conflicts arise between patients and their families in making end-of-life care decisions. These kinds of ethical dilemmas often challenge nurses to deliver optimal patient care while also adhering to professional boundaries.

Ethical values are so fundamental to nursing that the American Nurses Association (ANA) established a formal Code of Ethics for Nurses often referred to simply as “The Code” in the 1950s to set goals and values for the profession as a whole and to serve as a guide for nurses in their daily practice.

Where ,the Code is a living document, regularly updated to reflect modern-day advancements and challenges, and represents the social contract between nurses and the public. The Code and its accompanying provisions lay out the values and commitments nurses are expected to uphold, identify the boundaries of duty and loyalty, and describe the broader responsibilities nurses have outside of patient care.

Some of the common dilemmas that nurses may face are as follows

**1-Protecting Patients’ Rights**

Patient autonomy the right of patients to independently make decisions about their care based on their personal or cultural beliefs and values is a paramount principle of nursing. This includes a patient’s right to refuse medications, treatments, or procedures. In some cases, a patient’s right to autonomy may directly conflict with what nurses or other health care workers believe is best.

**Autonomy vs. Beneficence**

Autonomy (respecting a patient’s wishes) and beneficence (doing good), two fundamental ethical principles in nursing, are sometimes in conflict. The nurse’s role is to strike a balance between the two through open discussion, sharing information with the patient, and negotiation. If addressed incorrectly, these situations can present not only ethical or moral issues, but legal ones as well.

The concept of patient autonomy goes beyond merely a philosophical or ethical consideration; it is considered a legal right throughout the Western world. Legal precedents have placed patient autonomy ahead of health care provider beneficence in many cases, arguably making patient autonomy the foremost principle affecting patients’ rights.

Typically, the only exceptions to the primacy of patient autonomy are if the patient is a minor or if they lack the ability to make informed decisions. In cases where a patient’s wishes conflict with the advice of medical professionals, nurses and other health care workers should make every effort to educate the patient about the implications of their decisions, but ultimately respect their wishes.

**Advocacy**

Nurses especially are expected to advocate on behalf of patients in these situations. These scenarios can present a quandary for nurses, where they must balance their duty to respect and promote the interests of their patient with their loyalty to their employer or colleagues. However, according to the Code of Ethics for Nurses, the nurse’s primary commitment is to the patient.

**2.Providing Informed Consent to Treatment**

Another common ethical dilemma in nursing involves the concept of informed consent. Informed consent to treatment is a process wherein a patient, or their surrogate, grants their health care provider permission to administer treatment or perform a procedure after being advised of its potential benefits and risks, and informed of alternative treatments. Informed consent is required for many medical procedures, including anaesthesia, blood transfusions, chemotherapy, and most surgeries. Informed consent typically requires written documentation, with a signature from the patient.

**Exceptions to Informed Consent**

Informed consent is not required in certain situations, including those where a patient is incapacitated or in a life-threatening emergency without time to properly obtain consent. Also, minors typically can’t provide informed consent. In such cases, a parent or guardian must authorize treatments or interventions, which is known as “informed permission.”

**Consent and Improved Patient Outcomes**

Evidence also suggests that patients who are educated and feel empowered when it comes to their health care are more likely to follow a treatment plan and experience better outcomes. Additionally, ensuring that patients fully understand all the facets of a proposed treatment can help avoid delayed or cancelled surgeries, which can jeopardize patient health and be costly for hospitals. Nurses and other health care workers must make every effort to assure that patients understand a treatment or procedure and all the possible implications before obtaining informed consent.

**3.Addressing Advanced Care Planning**

Ethical dilemmas in nursing often arise during advanced care planning, particularly as it relates to end-of-life care scenarios. Advanced care planning is a process in which patients, often in collaboration with medical professionals, make decisions about their future health care in the event they become incapacitated. This process isn’t only for older patients. Due to the unpredictable nature of medical crises a car accident or sudden illness, for example advanced care planning is worthwhile for patients of any age, providing an opportunity to make sure they get the medical care they want if they’re unable to speak for themselves.

**Advance Directives**

During this process, patients often must make difficult decisions regarding the use of life-saving or life-extending treatments, such as the use of a ventilator or artificial nutrition and hydration (tube feeding, intravenous fluids). This plan is shared with family members, often in the form of an advance directive, a legal document that lays out a patient’s preferences for medical care if they become incapacitated.

The two primary elements of an advance directive are a living will and a power of attorney for health care, but it may also involve other documents such as a do not resuscitate order (DNR), which directs caregivers to forgo measures such as CPR. Patients may also choose more informal methods of conveying their wishes, such as a video message to loved ones, though this does not take the place of an advance directive.

As patient advocates, nurses play a critical role in assisting patients and their families with advanced care planning. Both the American Nurses Association and the Hospice and Palliative Nurses Association have issued position statements emphasizing the importance of nurse involvement in advanced care planning and end-of-life care, particularly for the purpose of educating patients and their families.

Nurses can help patients navigate the various decisions they may have to make related to emergency or end-of-life treatments and facilitate conversations between patients and families about these decisions, helping patients compare different treatment options and how they may affect the patient’s individual disease process. Nurses should be equipped to explain the implications of these decisions and mindful of the various elements that may influence a patient’s health care decisions, such as race or ethnicity, cultural beliefs, or religion.

**Nurses and End-of-Life Care**

Because of advances in medical technology, people are living longer and often making health care decisions alone. This reality underscores the important role of medical professionals, particularly nurses, in assisting patients with end-of-life care. Patients can choose from an array of life-saving and life-extending treatments, and nurses should be able to guide them through the decision-making process.

**4.Shared Patient Decision-Making**

Health care was characterized by a paternalistic mindset medical professionals acted in what they thought was a patient’s best interests without considering the patient’s wishes. This outdated practice has now been replaced by a far more ethical approach. An extension of patient autonomy, the concept of shared patient decision-making empowers patients by providing the opportunity to work collaboratively with health care professionals to make important decisions regarding care. In shared decision-making, patient and provider work together to make decisions about tests, treatments, procedures, and overall care strategy. In a sense, shared patient decision-making is a form of informed consent, and vice versa. As with informed consent, nurses and others engaged in shared decision-making with patients are responsible for educating them about treatment and discussing various options with them.

**Individualized Care**

Shared decision-making goes beyond simple information-sharing. Health care providers should explore patients’ values, beliefs, and goals and build a relationship based on trust and respect. They should understand a patient’s background and how factors like age and race may influence their decision-making.

Patients who don’t have this kind of relationship with their provider may be more reluctant to communicate and less cooperative. On the other hand, when patients are actively involved in decision-making and have a respectful, compassionate connection with their provider, they are more satisfied with their care and more likely to follow prescribed treatment plans.

**The Importance of Educating Patients**

As with informed consent, medical professionals must take great care to ensure patients understand the information being shared with them and the implications of their decisions. Various methods exist for improving patient understanding, including the use of visual aids and teach-back, in which health care professionals have patients repeat back information shared with them.

Ethical dilemmas can arise if patients agree to a treatment plan but fail to comprehend its full scope, potentially leading to disputes with medical staff. Here again, nurses play a pivotal role in enhancing the shared decision-making process through their skills as gifted communicators and patient advocates.

**Evolving Care**

Shared patient decision-making is an ongoing process where both sides continually reflect on previous decisions. Situations may arise where patients are unable or unwilling to follow through on a care decision either because it proved more challenging than anticipated or wasn’t what they expected and seek to revisit the issue. A nurse’s job is to support the patient by facilitating ongoing discussion and collaboration.

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