Jonathan Jewell MSc DPMSA AKC FRSA

Jonathan is a lecturer in education and social sciences at the Open University. He trained as a paediatric nurse at the Florence Nightingale School of Nursing, working in paediatric burns nursing in the UK and US before being appointed as Senior Fellow at the Royal College of Nursing (RCN). He was Innovation Advisor to the Royal College of Surgeons (RCS) and Associate Consultant at the British Medical Association (BMA).

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Duty, professionalisation and nursing knowledge

What can veterinary nursing learn from the experiences of human nursing?

Jonathan Jewell MSc DPMSA AKC FRSA
The Open University, Faculty of Economics and Social Sciences, Centre for Inclusion and Collaborative Partnerships, The Open University in London, 1–11 Hawley Crescent, Camden, London NW1 8NP

ABSTRACT: The history of human nursing demonstrates that the nature of nursing knowledge is closely tied to the development of the vocation and its subsequent redefinition as a profession (Johnson 1974). This article discusses the context in which nursing knowledge has evolved and its intimate relationship with the nurse's duties and obligations. It concludes with a short discussion of possible next steps in the development of veterinary nursing practice.

Introduction

Nursing knowledge is a very broad and complex notion that has become immensely important in the field of human nursing. This article considers the historical and societal context of modern nursing, and how its duties and obligations have driven its professionalisation. A profession has a central need to have its own body of knowledge and a framework for such knowledge. The article discusses how theory and practice are connected and proposes some next steps that veterinary nursing might take in developing its knowledge base. The context of this should serve the primary motivation of protecting and promoting the welfare of patients.

Background and history of human-centred nursing

Much has been written about the history of medicine (Barrett 2012) and others would contest either its established status in society or that it is the archetypal profession. Alongside divinity, law and teaching, medicine also stands as one of the ancient professions (Lester 2010).

The history of nursing is much shorter (RCN 2013). Nursing arose from the religious orders in the early 19th century and, in its earliest form, found closer alignment with the profession of divinity (Tooley 1906). It was war that drew medicine and nursing together, most notably in Florence Nightingale's Crimea from whence the image of the 'The Lady with the Lamp' originates.

Although the general perception is that the debate around the professionalism of 'human' nursing is a relatively new phenomenon, before the nursing profession was even properly established, the first signs of the debate about what nursing could be and should be began (Messer 1914). Nursing has had to ask itself many questions on its path to professionalisation that medicine has not, due in part to its ancient standing (Abbott & Meerabeau 1998). This is largely because, in not being one of the foundation professions, nursing has had to find a place in the occupational arena. That is not to say there are not debates in medicine, but their context has, over time, been quite different and has taken place in tandem with rapid changes in the healthcare sector and the expectations of society (NMC 2014).

While the debates around the pros and cons of professionalisation rage on in nursing and medicine (Daly, Speedy & Jackson 2012), it is perhaps unsurprising that the veterinary healthcare sector should seek affiliation with human healthcare. As shown by

interdisciplinary initiatives such as the One Health Initiative (One Health Initiative 2014), the cross-fertilisation of veterinary and human surgery (Williams 1993) and the explicit synergies with the human paediatric nursing approaches (Williams & Jewell 2012), there are clear areas of interface which offer many opportunities to learn from one another.

Duties and obligations

In spite of their different origins, and the substantial differences between their history and approach, nursing and veterinary nursing share a common vision of the ultimate goal of their practice, which is alleviation of pain and suffering and the promotion of health. Both the Hippocratic Oath (MIT 2009) and the homologous Nightingale Pledge (American Nurses Association 2014) firmly set out the duties and obligations of the doctor and nurse respectively with the patient at the very heart of what they do. The public's confidence in those who uphold these standards is clear, and it is no coincidence that both professions top the list of most noble professions on veracity, i.e. trust (Ipsos MORI 2014).

Doctors and nurses clearly owe a duty of care to their patients, and there is an expectation that this will be honoured. If the clinician or nurse acts negligently or not in the best interests of the patient, it is perceived as having greater impact, given the fiduciary nature of the relationship. That is that the clinician or nurse has a relationship with the patient (or the patient's owner) which is based on trust. Legal definition of the nurse–patient relationship is ambiguous (Panesar 2012), but what is abundantly clear is that they have fiduciary obligations to their patients (Royal College of Psychiatrists 2013). When their trust is undermined, not only does it challenge the status of the professional but it could embarrass the profession at large (Chapman & Martin 2013).

So why are the notions of 'duty and obligation' a necessary element of understanding the importance of nursing knowledge?

From vocation to profession

Globally, the idea that nursing might become a profession is relatively novel, and there are substantial geographic differences as to how nursing is perceived. Even today nursing is variously described as being a vocation, a profession or a semi-profession depending on the role of nurses in different parts of the world (Abbott & Meerabeau 1998). 'Nursing' is a distinct enough concept for lay people to consider it a separate discipline from other occupations, and yet the title 'nurse' (Clews 2010), along with 'surgeon' (BBC 2012) and 'engineer', have never been protected to reflect the boundaries of this discipline in the United Kingdom.

Professionalisation is the process by which any trade or occupation transforms itself into a true profession of the highest integrity and competence. But who decides what constitutes a profession? Sociologists (British Sociological Association 2014) have a set of generally well-accepted criteria that defines a profession (MacDonald 1999) (**Figure 1**). Perhaps most significantly, a profession must have its own body of knowledge, which is distinguishable from that of other professions (e.g. medicine).

Why would a group of individuals engaged in a particular occupation wish to meet an extensive and exacting list of sociological criteria in order to achieve the 'status' of being called a profession? Some of the more significant reasons include:

- elitism
- higher status
- to command better pay
- autonomy
- occupational closure (essentially ensuring that others cannot engage in the professional occupation by means of a right to practise conferred upon the members of the profession)
- control over the direction of the profession.

Putting the list aside, however, I believe that, in nursing, the most important reason relates to the 'duties and obligations' of the nurse. Being members of a profession enables us to honour our fiduciary duty/obligations to our patients – the protection and promotion of the health of the patient (NMC 2000).

What is nursing knowledge?

Since one of the key criteria for becoming a profession is to have a unique body of knowledge, it will need to be generated. However, this does not happen easily or quickly. Philosophers have spent centuries considering the concept of epistemology, in other words the nature and scope of knowledge (Rutty 1998). For a working definition, we might say that 'useful knowledge' supports what we are trying to do.

Not all knowledge is 'relevant' knowledge – it might, for example, be unreliable or invalid. Even if it is appropriate, it might not be 'useful' knowledge. Useful knowledge is tricky to define; at the most basic level we might say it is 'information designed for action'.

Characteristics of a profession

- A basis in systematic theory – a distinct way of viewing phenomena surrounding the knowledge base of the profession
- Specialised competencies and practitioners who are effective in practising the professional role
- Dedication to raise the standards of the profession's education and practice
- Availability of professional education as a lifelong process and mechanisms to advance the education of professionals established by the profession
- The presence within the profession of individuals with varied identities and values forming groupings and coalitions that coalesce into unified segments – known as specialties with specific missions
- Authority recognised by society and the clientele of the profession
- Approval of the authority sanctioned by a broader community or society
- A code of ethics to regulate the relationships between professionals and clients
- Self-regulation that protects practitioners and supports disciplinary criteria and actions to censure, suspend or remove code violators
- A professional culture sustained by formal professional associations, such that the membership may develop a biased perspective through their profession's lenses.

Figure 1. Characteristics of a profession, after Merton (in Matthews 2012)

There are lots of different theories of what constitutes knowledge (Roy 2013). Some are concerned with abstract ideas that consider the relationship between different aspects of a discipline and show how things fit together. Others prefer concrete knowledge (Im 2005), i.e. they focus on the basic elements at the frontline of practice. A third group concentrates on the middle ground (Meleis *et al.* 2000) and their philosophies are called 'mid-range theory' to contrast, respectively, with 'grand theory' and 'practice theory' (Peterson & Bredow 2013). **Figure 2** gives an indication of how these different levels fit together.

This way of thinking about how nursing knowledge is structured is helpful in two ways. First, it allows us to take a 'systemic' approach, i.e. one that considers a whole 'system' with both the components of that system and the interrelationships between those elements. Second, it allows us to approach problems 'systematically', i.e. it allows us to take an approach that considers each of those elements and interrelationships in a structured way (McKenna, Pajnkihar & Murphy 2014). Systems are complex entities and it is important to take a systematic approach that will capture all the salient and material features of that system.

Of course, what nurses (and other professionals) do 'in theory' and 'in practice' is often quite different! When we examine how knowledge translates into practice, there is a commonly held perception that there is a divide between the two (Corlett 2000). On the one hand, there is what 'should' (the normative standard) happen and, on the other, what 'does' (the descriptive) happen. Actually, this disparity is a natural consequence of generating a knowledge base. It is impossible to fall short in your professional practice if there is no theory that says there is a 'correct' way of doing it. The so-called 'theory–practice gap' can only arise where a theoretical framework exists to support the practice. At the same time, if we agree that we owe a duty of care to our patients, once we are aware of that gap, we must try to address it. The mid-range theories certainly play a role in this, but other approaches (called 'knowledge utilisation and transfer' approaches) represent an alternative. The PARiHS framework (Rycroft-Malone 2004) is one example (**Figure 3**) and is an equally legitimate alternative to the mid-range theory.

Next steps

So what are the lessons for veterinary nursing? I would suggest that five are key:

1. It is important to have an understanding of what the duties and obligations of the veterinary nurse are, and to whom, because ultimately this is the primary motivation that must be considered if RVNs are to maintain their integrity and avoid the criticism that human nursing has borne in recent years (Salvage 2007). Veterinary nursing has already begun this journey with introduction of the *RCVS Code of Professional Conduct for Veterinary Nurses* (RCVS 2014).
2. What is the priority for veterinary nursing? I would contend that the most important focus is to improve the welfare of the patient. Additionally, is there a need to consider other aspects of the drive towards professionalism that may act as a catalyst for this?
3. How will veterinary nurses know if all this new nursing knowledge and its application are really helping clients, patients and colleagues? In order to learn from counterparts in human nursing, veterinary nurses must ensure that this is tested using appropriate criteria. This might include effectiveness, safety and comfort as well as respect, dignity and compassion.
4. Is human-centred nursing the most appropriate analogue? It seems so 'obviously' similar, but is that enough? For example, in medical healthcare, lots of lessons about running an operating room have been learned from cabin crew training in aeroplane scenarios (Groeneweg 2002). It pays to keep an open mind and be receptive to theories from professions other than the obvious ones.
5. It is important to recognise that all the theory in the world is of no use unless its impact is actually felt in the clinical nursing or healthcare arena. Not only do we need to think about how this unique veterinary nursing knowledge base comes into being, but we also need to examine the relevance of a knowledge base that may have limited application. Is the knowledge utilisation and transfer approach the best way of addressing this, or do we need to look to cross-cutting mid-range theories for the answer? Or will veterinary nursing be the place where the 'third way' is found?

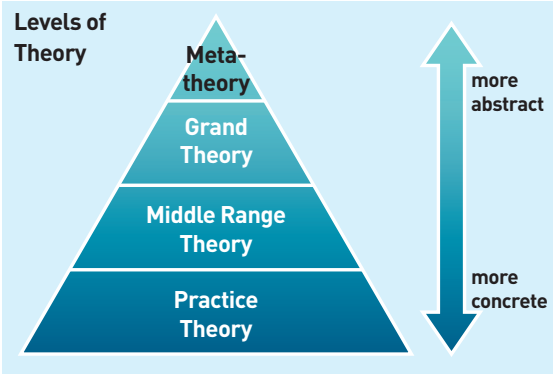

Figure 2. Levels of abstraction in nursing theory (University of North Carolina 2013)

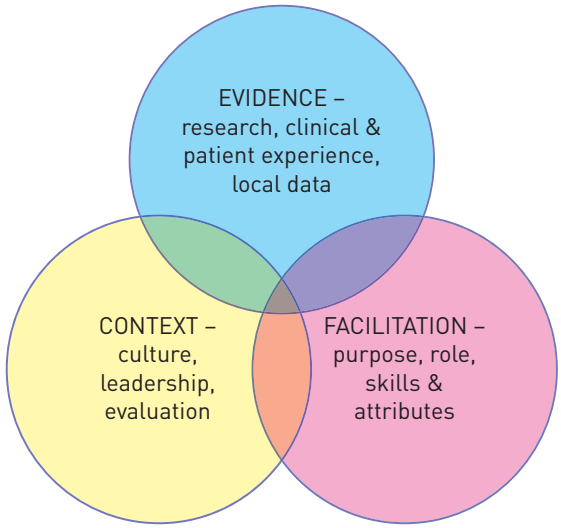

Figure 3. Adaptation of the PARiHS framework for theory into practice

Finally, the core of delivery of focused nursing care is considered by many to be the implementation of nursing models. At the moment the options are limited in veterinary nursing but others, such as the Partnership Model of Family-centred Care (Casey 1993), may be more useful to the veterinary nurse. These have had transformational impact in the field of children's nursing internationally. This discussion has already begun in veterinary medicine and veterinary nursing as it echoes family-centred nursing (Williams & Jewell 2012).

Conclusion

The role, place and even need for nursing knowledge as distinct from other knowledge have been debated in human healthcare for more than a century. As yet, the secret of the ideal recipe and ingredients for the best possible outcome to fulfil the duties and obligations of our vocation has still not been unlocked.

In human-centred nursing some nursing models have disappeared into oblivion. Some have seen significant implementation but have had questionable impact on professionals and patients (Wimpenny 2002), and even the value of theory itself has been challenged (McCrae 2012). Others, such as Casey's Partnership Model of Family-centred Care, have changed the nursing landscape significantly (Glasper 2010).

Whatever the future direction of the veterinary nursing profession, it is important always to keep in mind that the patient and owner are at the forefront of care. The slogan of Great Ormond Street Hospital, the world's most famous children's hospital, is 'The Child, First and Always'. Would it be unreasonable for owners to expect the same for their animals? vnj

References

ABBOTT, P., & MEERABEAU, L. (1998). *The Sociology of the Caring Professions*. 2nd Ed. London. Routledge.

AMERICAN NURSES ASSOCIATION. (2014). *The Nightingale Pledge*. [Online] Available from: http://nursingworld.org/FunctionalMenuCategories/AboutANA/WhereWeComeFrom/FlorenceNightingalePledge.aspx [Accessed: 30 September 2014].

BARRETT, C. R. (2012). *The History of the Society of Apothecaries of London*. London. Forgotten Books.

BBC. (2012). Surgeons 'seek to protect title'. BBC, 15 July 2012. [Online]. Available from: http://www.bbc.co.uk/news/health-18828208 [Accessed: 11 October 2014]

BRITISH SOCIOLOGICAL ASSOCIATION (BSA). (2014). *What do sociologists do?* [Online] Available from: http://www.britsoc.co.uk/what-is-sociology/what-do-sociologists-do.aspx [Accessed: 11 October 2014].

CASEY, A. (1993). The development and use of the partnership model of nursing care. In: FRADD, E., GLASPER, E. A., & TUCKER, A. Eds. *Advances in Child Health Nursing*. London. Scutari Press.

CHAPMAN, J., & MARTIN, D. (2013). Minister orders students back to basics to improve compassion in NHS. *Daily Mail*, 25 March 2013. [Online] Available from: http://www.dailymail.co.uk/news/article-2299085/Youre-posh-wash-patient-Minister-orders-student-nurses-basics-improve-compassion-NHS.html [Accessed: 30 September 2014].

CLEWS, J. (2010). Protected 'nurse' title some way off. *Nursing Times*.[Online] Available from: http://www.nursingtimes.net/whats-new-in-nursing/protected-nurse-title-some-way-off/5012175.article [Accessed: 11 October 2014].

CORLETT, J. (2000). The perceptions of nurse teachers, student nurses and preceptors of the theory–practice gap in nurse education. *Nurse Education Today*. **20**(6). pp. 499–505.

DALY, J. SPEEDY, S., & JACKSON, D. (2012). *Contexts of Nursing*. Sydney. Churchill Livingstone.

GLASPER, E. A. (2010). *History of children's nursing in the UK*. [Online] Available from: https://www.academia.edu/1689752/History_of_childrens_nursing_in_the_UK [Accessed: 11 October 2014].

GROENEWEG, J. (2002). *Controlling the Controllable: Preventing Business Upsets*. 2nd Ed. Leiden. DWSO Press.

IM, E. (2005). Development of situation-specific theories: an integrated approach. *Advances in Nursing Science*. **28**(2). pp. 137–151.

IPSOS MORI. (2014). *The Veracity Index*. [Online] Available from: http://www.ipsos-mori.com/researchpublications/researcharchive.aspx?keyword=Veracity+Index [Accessed: 30 September 2014].

JOHNSON, D. E. (1974). Development of theory: a requisite for nursing as a primary health profession. *Nursing Research*. **23**(5). pp. 372–377.

LESTER, S. (2010). *On professions and being professional*. [Online] Available from: http://www.sld.demon.co.uk/ [Accessed: 30 September 2014].

MCCRAE, N. (2012). Whither Nursing Models? The value of nursing theory in the context of evidence based practice and multidisciplinary healthcare. *Journal of Advanced Nursing*. **68**(1). pp. 222–229.

MACDONALD, K. M. (1999). *The Sociology of the Professions*. London. SAGE Publications.

MCKENNA, H., PAJNKIHAR, M., & MURPHY, F. (2014). *Nursing Models: Theories and Practice*. 2nd Ed. Oxford. John Wiley & Sons.

MASSACHUSETTS INSTITUTE OF TECHNOLOGY (MIT). (2009). *The Oath*. [Online] Available from: http://classics.mit.edu/Hippocrates/hippooath.html [Accessed: 30 September 2014].

MATTHEWS, J. H. (2012). Role of professional organizations in advocating for the nursing profession. *The Online Journal of Issues in Nursing*. **17**(1). [Online] Available from: http://www.medscape.com/viewarticle/766817_2 [Accessed: 20 July 2014].

MELEIS, A., SAWYER, L., IM, E., HILFINGER, M., DEANNE, K., & SCHUMACHER, K. (2000). Experiencing transitions: an emerging middle-range theory. *Advances in Nursing Sciences*. **23**(1). pp. 12–28.

MESSER, M. A. (1914). Is Nursing a Profession? *The American Journal of Nursing*. **15**(2). pp. 122–125. doi: 10.2307/3404530

NURSING AND MIDWIFERY COUNCIL. (2000). *Standards of conduct, performance and ethics for nurses and midwives*. [Online] Available from: http://www.nmc-uk.org/Documents/Standards/The-code-A4-20100406.pdf [Accessed: 30 September 2014].

ONE HEALTH INITIATIVE. (2014). *One Health Initiative will unite human and veterinary medicine*. [Online] Available from: http://www.onehealthinitiative.com/ [Accessed: 30 September 2014].

PANESAR, S. (2012). *Fiduciary relationships and constructive trusts in a commercial context*. [Online] Available from: https://curve.coventry.ac.uk/open/file/15e72868-b32a-9bae-789f-8cdce7ed9381/1/Fiduciary%20relationships.pdf [Accessed: 30 September 2014].

PETERSON, S. J., & BREDOW, T. S. (2013). *Middle Range Theories: Application to Nursing Research*. 3rd Ed. Baltimore. Lippincott, Williams & Wilkins.

ROY, C. (2013). *Generating Middle Range Theory: From Evidence to Practice*. New York. Springer Publishing Company.

ROYAL COLLEGE OF NURSING. (2013). *Library and Heritage Services*. [Online] Available from: http://www.rcn.org.uk/development/library_and_heritage_services/nursing_history [Accessed: 30 September 2014].

ROYAL COLLEGE OF PSYCHIATRISTS. (2013). *On Professional Boundaries*. [Online] Available from: http://www.rcpsych.ac.uk/pdf/18%20on%20boundaries_final.pdf [Accessed: 30 September 2014].

ROYAL COLLEGE OF VETERINARY SURGEONS. (2014) RCVS Code of Professional Conduct for Veterinary Nurses. [Online] Available from: http://www.rcvs.org.uk/advice-and-guidance/code-of-professional-conduct-for-veterinary-nurses/ [Accessed: 30 September 2014].

RUTTY, J. E. (1998). The nature of philosophy of science, theory and knowledge relating to nursing and professionalism. *Journal of Advanced Nursing*. **28**(2). pp. 243–250. doi: 10.1046/j.1365-2648.1998.00795.x

RYCROFT-MALONE, J. (2004). The PARiHS Framework – A Framework for Guiding the Implementation of Evidence-based Practice. *Journal of Nursing Care Quality*. **19**(4). pp. 297–304. [Online] Available from: http://journals.lww.com/jncqjournal/Citation/2004/10000/The_PARIHS_Framework_A_Framework_for_Guiding_the.2.aspx [Accessed: 30 September 2014].

SALVAGE, J. (2007). 'Too posh to wash' is a common charge. *The Independent*, 22 November 2007. [Online] Available from: http://www.independent.co.uk/student/career-planning/jane-salvage-too-posh-to-wash-is-a-common-charge-758956.html [Accessed: 30 September 2014].

TOOLEY, S. A. (1906). *The History of Nursing in the British Empire*. London. S. H. Bousfield & Co.

UNIVERSITY OF NORTH CAROLINA. (2013). *Theoretical Foundations of Advanced Nursing Practice*. [Online] Available from: http://online.uncg.edu/courses/nur610/u1/part3.php [Accessed: 30 September 2014].

WILLIAMS, D. L. (1993). A comparative approach to anterior segment dysgenesis. *Eye*. **7**. pp. 607–616. doi: 10.1038/eye.1993.142

WILLIAMS, D. W., & JEWELL, J. D. (2012). Family-centred veterinary medicine: learning from human paediatric care. *The Veterinary Record*. **170**. pp. 79–80. doi: 10.1136/vr.e247

WIMPENNY, P. (2002). The meaning of models of nursing to practising nurses. *Journal of Advanced Nursing*. **40**(3). pp. 346–354.

Further reading

THE BRITISH VETERINARY NURSING ASSOCIATION LTD. (2014). *Who are the BVNA?* [Online] Available from: http://www.bvna.org.uk/smartweb/about-us/about-bvna [Accessed: 30 September 2014].

GENERAL MEDICAL COUNCIL. (2013). *Good Medical Practice*. [Online] Available from: http://www.gmc-uk.org/guidance/good_medical_practice.asp [Accessed: 30 September 2014].

HACK, T. F., RUETHER, J. D., WEIR, L. M., GRENIER, D., & DEGNER, L. F. (2011). Study protocol: Addressing evidence and context to facilitate transfer and uptake of consultation recording use in oncology: A knowledge translation implementation study. *Implementation Science*. **6**(20). doi: 10.1186/1748-5908-6-20

HOOD, L. (2014). *Leddy & Pepper's Conceptual Bases of Professional Nursing*. 8th Ed. Baltimore. Lippincott, Williams & Wilkins.

ROPER, N., LOGAN, W., & TIERNEY, A. J. (2000). *The Roper Logan Tierney Model of Nursing: Based on Activities of Living*. London. Churchill Livingstone.

ROYAL VETERINARY COLLEGE. (2014). *History of the College*. [Online] Available from: http://www.rvc.ac.uk/about/the-rvc/history [Accessed: 30 September 2014].

SCOTT, H. (2004). Are nurses 'too clever to care' and 'too posh to wash'? *British Journal of Nursing*. **13**(10). 581. [Online] Available from Internurse.com: http://www.internurse.com/cgi-bin/go.pl/library/article.cgi?uid=13040 [Accessed: 30 September 2014].

SUMMERS, S., & SUMMERS, H. J. (2010). Is the media image of nursing damaging the profession? (Hall, T. Ed.) BBC, 9 June 2010. [Online] Available from: http://news.bbc.co.uk/1/hi/health/8708041.stm [Accessed: 30 September 2014].

WALSH, A. (2010). Reawaken your sense of vocation by remembering nursing's history. *Nursing Times*. [Online] Available from: http://www.nursingtimes.net/nursing-practice/specialisms/practice-nursing/reawaken-your-sense-of-vocation-by-remembering-nursings-history/5014484.article [Accessed: 30 September 2014].