Dear Editor:

Kudos to Joyce Foresman-Capuzzi for her article “More Big Help from Little Tools” concerning pediatric patients.1 Her article is the first time I’ve seen in writing the hint about starting a pediatric intravenous line with the bevel down—something I taught in my pediatric emergency classes starting about 40 years ago. I’ve never seen anyone else mention it, but I sure taught that trick to legions of nurses and residents. Her whole article had a lot of good information. She didn’t mention whispering to a screaming child—they’ll stop screaming because they want to hear what you are saying, another good pediatric hint.—Kate Reeves, RNC, MA, CHPN, Mountain Center, CA; E-mail: k.ree_4-rc@earthlink.net

doi: 10.1016/j.jen.2009.06.009

REFERENCE

Concern About the Nursing Profession

Dear Editor:

I was deeply disappointed to read Nurse Sullivan’s letter to the editor in the May 2009 issue of the Journal, in which she argued so passionately for continuing the under-education of nurses.1 While I am used to having to defend the baccalaureate as the appropriate entry level for nursing practice,2 it has taken this most recent attack on the value of education to get my fingers back to the keyboard for a defense of this broader principle. It never ceases to amaze me that in an age when all persons agree that our patients are sicker, their care more is complex, the technology is more intricate, and the medications are more potent than ever, there are still those who argue that less education is needed—rather than more—to prepare nurses to engage in direct patient care. I’m sure Ms. Sullivan is an excellent nurse, and I agree there is cause for concern about our shared profession. It should be clear, however, that I most emphatically do not agree that those concerns are best addressed by discouraging staff nurses from becoming more educated.

The arguments that Ms. Sullivan puts forth are old and tired and not based on evidence. We now know that having a baccalaureate degree does make a difference,3 and the patients Kutney-Lee and Aiken used in their 2008 study bear a striking resemblance to many who wind up in emergency departments throughout the United States, that is, they have serious medical problems complicated by concurrent psychiatric issues. These patients, who are often in severe emotional as well as physical distress, need nurses who can think in non-linear ways about complex, multi-system problems. Experience is important, but our patients deserve more than just older nurses; they need better educated ones as well.

I will spare readers a line-by-line rebuttal to Ms. Sullivan’s arguments. We do have problems in our profession—neither our patient nor our system outcomes are where they need to be. However, we can’t begin to solve these problems by handicapping nurses through enforced ignorance so they have no choice but to remain doing work they may no longer enjoy or be fit for. Unlike Ms. Sullivan, it is the failure of our profession to wholeheartedly embrace the value of education that is my chief and abiding concern. It does not bode well for our future, or that of our patients, should we continue in this vein.—Susan E. Shapiro, RN, PhD, Member, San Francisco Chapter, Senior Scientist, Center for Nursing Research and Evidence-based Practice, UCSF School of Nursing, San Francisco, CA; E-mail: Susan.shapiro@nursing.ucsf.edu

doi: 10.1016/j.jen.2009.07.014

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