Dean’s Message

Welcome to the MSN Program at Union University! I applaud your decision to advance your nursing education and trust that it will be an exciting as well as challenging experience. Our graduate nursing faculty are dedicated, caring professional nursing educators who have a steadfast commitment to preparing nursing leaders who will address the many opportunities facing nursing and health care today. Union University is guided by principles that ensure a learning environment that is excellence driven, Christ-centered, people focused and future directed. The goal of graduate faculty in the School of Nursing is to prepare nursing leaders who have advanced knowledge and skills in health care and are empowered to address the many ethical and bioethical dilemmas present in contemporary society.

I wish you success in this academic endeavor and pray that you will develop meaningful personal and professional friendships that will be supportive to you for years to come.

Sincerely,

Susan R. Jacob, PhD, RN
Dean and Professor
From the Program Director

This handbook has been prepared for graduate students and faculty to provide specific information about the Master of Science in Nursing Program at Union University. Guidelines and policy statements are given to assist in clarifying the process for progression through the program. Feel free to ask questions or clarify any information in this handbook. The student should also refer to the Union University Graduate Academic Catalogue.

The faculty and administration of the School of Nursing hope that the educational process at Union University will be a fruitful and challenging experience. We commit ourselves to assist students in pursuit of their professional and educational goals.

Sincerely,

Jill J. Webb, PhD, RN, CS
Associate Professor
MSN Program Director
FACULTY

Susan R. Jacob (1999) Dean of the School of Nursing and Professor of Nursing. B.S.N., West Virginia University; M.S.N., San Jose State University; Ph.D., The University of Tennessee, Memphis.
Office: C-36 Phone: 731-661-5239 Email: sjacob@uu.edu

Germantown Office: 104C

Jill Webb (1987) Associate Professor of Nursing and Director of the Master of Science in Nursing Program. B.S.N., Murray State University; M.S.N., University of Evansville; Ph.D., University of Tennessee, Memphis.
Office: D-11 Phone: 731-661-5235 Email: jwebb@uu.edu

Ruth Chastain (1992) Professor of Nursing. Diploma, Norton Memorial Infirmary School of Nursing; B.S.N., University of North Alabama, Florence; M.S.N., University of Alabama, Birmingham; Ed.D., University of Memphis.
Office: D-38 Phone: 731-661-5452 Email: rchastai@uu.edu

Gail Coleman (1994) Associate Professor of Nursing. Diploma, Baptist Memorial Hospital School of Nursing; B.S.N., Union University; M.S.N., University of Tennessee; N.D., Rush University.
Office: D-10 Phone: 731-661-5112 Email: gcoleman@uu.edu

Nancy Dayton (1979) Professor of Nursing, German-town. B.S.N., Duke University; M.S.N., University of Tennessee Center for Health Sciences; M.S., Ed.D., University of Memphis.
Office: Germantown 210 Phone: 901-759-0029 (105) Email: ndayton@uu.edu

David P. Gushee (1996) Graves Associate Professor of Moral Leadership. B.A., College of William and Mary; M.Div., Southern Baptist Theological Seminary; M.Phil. and Ph.D., Union Theological Seminary New York.
Office: JEN-328 Phone: 731-661-5024 Email: dgushee@uu.edu

Sherry Hickey (1989) Professor of Nursing and Chair of the School of Nursing (Germantown).B.S.N., and M.S.N., University of Arkansas; Ed.D. University of Memphis.
Office: Germantown 107 Phone: 901-759-0029 (106) Email: shickey@uu.edu

Tharon Kirk (1992). Associate Professor of Nursing and Chair of the School of Nursing, Jackson. B.S.N., Duke University; M.S.N., University of Tennessee Center for Health Sciences.
Office: C-32 Phone: 731-661-5331 Email: tkirk@uu.edu

Cathy Parrett (1993) Associate Professor of Nursing. B.S. and A.A., University of Tennessee, Martin; M.S.N. University of Tennessee, Knoxville; D.N.Sc., University of Tennessee, Memphis. Additional study, Union University.
Office: C-29 Phone: 731-661-5332 Email: cparrett@uu.edu

Carla D. Sanderson (1982) Provost and Professor of Nursing. Diploma, Baptist Memorial Hospital School of Nursing; B.S.N., Union University; M.S.N., University of Tennessee Center for Health Sciences; Ph.D., University of Florida.
Office: F-6 Phone: 731-661-5203 Email: csanders@uu.edu
Linn M. Stranak (1980) Professor of Physical Education and Chair of Department of Physical Education, Wellness and Sport. B.S., Union University; M.S., University of Kentucky; D.A., Middle Tennessee State University; Additional study, United States Sports Academy.
Office: H-3 Phone: 731-661-5288 Email: lstranak@uu.edu

Charlotte Ward-Larsen (1999). Associate Professor of Nursing. Diploma, Baptist Memorial Hospital; B.A., Stephens College; M.S., Texas Women's University; Ph.D., St. Louis University.
Office: Germantown 104-D Phone: 901-759-0029 (124) Email: cwardlars@uu.edu

STAFF

Linda Hannah (1997) Coordinator of Nursing Programs and Assistant Registrar, Germantown. AA, Freed-Hardeman University; BPS, University of Memphis.
Office: 102 Phone: 901-759-0029, ext. 101 Email: lhannah@uu.edu

Office: C-34 Phone: 731-661-5200 Email: jdulberg@uu.edu

Office: D-10 Phone: 731-661-5124 Email: ecrestma@uu.edu

Fax Numbers

Jackson
731-661-5504

Germantown
901-759-1197
INTRODUCTION

Union University is a private, four-year liberal arts university, founded in 1823, and affiliated with the Tennessee Baptist Convention. As an institution that is Baptist by tradition in evangelical by conviction, Union has a heritage of academic excellence and is well known for providing qualitatively distinctive Christian education. Union seeks to provide a grace filled community and a Christian context where undergraduate and graduate education can be offered. Recognized in the top tier of Southern liberal arts colleges by U.S. News and World Report, Union is also ranked as one of five highly selective private institutions by Time Magazine and Princeton Review.

Union University is located in historic Jackson, Tennessee, a city of about 55,000, located 80 miles east of Memphis and 120 miles west of Nashville. Union University has approximately 2,800 undergraduate and graduate students. There are approximately 2,450 undergraduate and graduate students on the Jackson main campus, and 350 on the Germantown extension site. The Germantown campus has 110 RN to BSN students. Graduate programs on Germantown campus include education, business and nursing with a total of 240.

Union University began an Associate Degree program in the early 1960’s in response to community need and the support of leaders in the health care field. In 1977, the insistent demand by RNs and their employers for additional nursing educational opportunities led to a feasibility study and subsequent development of the RN-BSN program. In 1979, the Tennessee Board of Nursing granted initial approval for the RN to BSN program on the main campus in Jackson. The first RN to BSN class graduated in May 1980. In 1986, an RN-BSN program was developed in Memphis. The Memphis campus moved locations and became the Germantown campus in August 1997.

In the early in 1990’s a local community college developed another associate degree program. At that time, Union University School of Nursing seized the opportunity to support professional nursing by focusing on baccalaureate education. In 1992, Union University School of Nursing admitted its first Basic BSN class. Shortly thereafter, in 1995, the associate degree program closed. In an effort to improve the mobility of licensed practical nurses, the School of Nursing offers an LPN Bridge program. The BSN program is accredited by the National League for Nursing Accrediting Commission (NLNAC). The SON graduate program was initiated in 2000 with a program leading to a Master of Science degree in Nursing. The first cohort of 26 students was admitted in August 2000. Fifteen were admitted on the Jackson campus, and 11 were admitted on the Germantown campus. The MSN program of study is designed to build upon the generalist preparation of the first professional baccalaureate degree. The American Association of Colleges of Nursing (AACN) document, The Essentials of Master's Education for Advanced Practice Nursing (1996), serves as the guide for curriculum design and development. Two specialty tracks offered are Nursing Administration and Nursing Education. The MSN Program is accredited by the Commission on Collegiate Nursing Education (CCNE).

Union University School of Nursing Deans

Isabel Neely, RN, MSN .............. 1961-1982
Marguerite Robey, RN, Ed.D ..... 1979-1984
Regina Saffel, RN, MS, MSN..... 1984-1990
Carla Sanderson, RN, PhD. ....... 1990-1999
Susan Jacob, RN, PhD .............. 1999-present
CODE OF ETHICS FOR NURSES
WITH INTERPRETIVE STATEMENTS

PREFACE

Ethics is an integral part of the foundation of nursing. Nursing has a distinguished history of concern for the welfare of the sick, injured, and vulnerable and for social justice. This concern is embodied in the provision of nursing care to individuals and the community. Nursing encompasses the prevention of illness, the alleviation of suffering, and the protection, promotion, and restoration of health in the care of individuals, families, groups, and communities. Nurses act to change those aspects of social structures that detract from health and well-being. Individuals who become nurses are expected not only to adhere to the ideals and moral norms of the profession but also to embrace them as a part of what it means to be a nurse. The ethical tradition of nursing is self-reflective, enduring, and distinctive. A code of ethics makes explicit the primary goals, values, and obligations of the profession.

The Code of Ethics for Nurses serves the following purposes:

• It is a succinct statement of the ethical obligations and duties of every individual who enters the nursing profession.
• It is the profession’s nonnegotiable ethical standard.
• It is an expression of nursing’s own understanding of its commitment to society.

There are numerous approaches for addressing ethics; these include adopting or subscribing to ethical theories, including humanist, feminist, and social ethics, adhering to ethical principles, and cultivating virtues. The Code of Ethics for Nurses reflects all of these approaches. The words “ethical” and “moral” are used throughout the Code of Ethics. “Ethical” is used to refer to reasons for decisions about how one ought to act, using the above mentioned approaches. In general, the word “moral” overlaps with “ethical” but is more aligned with personal belief and cultural values. Statements that describe activities and attributes of nurses in this Code of Ethics are to be understood as normative or prescriptive statements expressing expectations of ethical behavior.

The Code of Ethics for Nurses uses the term patient to refer to recipients of nursing care. The derivation of this word refers to “one who suffers,” reflecting a universal aspect of human existence. Nonetheless, it is recognized that nurses also provide services to those seeking health as well as those responding to illness, to students and to staff, in health care facilities as well in communities. Similarly, the term practice refers to the actions of the nurse in whatever role the nurse fulfills, including direct patient care provider, educator, administrator, researcher, policy developer, or other. Thus, the values and obligations expressed in this Code of Ethics apply to nurses in all roles and settings.

The Code of Ethics for Nurses is a dynamic document. As nursing and its social context change, changes to the Code of Ethics are also necessary. The Code of Ethics consists of two components: the provisions and the accompanying interpretive statements. There are nine provisions. The first three describe the most fundamental values and commitments of the nurse, the next three address boundaries of duty and loyalty, and the last three address aspects of duties beyond individual patient encounters. For each provision, there are interpretive statements that provide greater specificity for practice and are responsive to the contemporary context of nursing. Consequently, the interpretive statements are subject to more frequent revision than are the provisions. Additional ethical guidance and detail can be found in ANA or constituent member association position...
statements that address clinical, research, administrative, educational, or public policy issues.

The Code of Ethics for Nurses with Interpretive Statements provides a framework for nurses to use in ethical analysis and decision-making. The Code of Ethics establishes the ethical standard for the profession. It is not negotiable in any setting nor is it subject to revision or amendment except by formal process of the House of Delegates of the ANA. The Code of Ethics for Nurses is a reflection of the proud ethical heritage of nursing, a guide for nurses now and in the future.

**Code of Ethics for Nurses with interpretive statements**

1. **The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.**

   1.1 **Respect for human dignity**
   A fundamental principle that underlies all nursing practice is respect for the inherent worth, dignity, and human rights of every individual. Nurses take into account the needs and values of all persons in all professional relationships.

   1.2 **Relationships to patients**
   The need for health care is universal, transcending all individual differences. The nurse establishes relationships and delivers nursing services with respect for human needs and values, and without prejudice. An individual’s lifestyle, value system and religious beliefs should be considered in planning health care with and for each patient. Such consideration does not suggest that the nurse necessarily agrees with or condones certain individual choices, but that the nurse respects the patient as a person.

1.3 **The nature of health problems**

   The nurse respects the worth, dignity and rights of all human beings irrespective of the nature of the health problem. The worth of the person is not affected by disease, disability, functional status, or proximity to death. This respect extends to all who require the services of the nurse for the promotion of health, the prevention of illness, the restoration of health, the alleviation of suffering, and the provision of supportive care to those who are dying.

   The measures nurses take to care for the patient enable the patient to live with as much physical, emotional, social, and spiritual well-being as possible. Nursing care aims to maximize the values that the patient has treasured in life and extends supportive care to the family and significant others.

   Nursing care is directed toward meeting the comprehensive needs of patients and their families across the continuum of care. This is particularly vital in the care of patients and their families at the end of life to prevent and relieve the cascade of symptoms and suffering that are commonly associated with dying. Nurses are leaders and vigilant advocates for the delivery of dignified and humane care.

   Nurses actively participate in assessing and assuring the responsible and appropriate use of interventions in order to minimize unwarranted or unwanted treatment and patient suffering. The acceptability and importance of carefully considered decisions regarding resuscitation status, withholding and withdrawing life-sustaining therapies, forgoing medically provided nutrition and hydration, aggressive pain and symptom management and advance directives are increasingly evident. The nurse should provide interventions to relieve pain and other symptoms in the dying patient even when those interventions entail risks of hastening death. However, nurses may not act with the sole intent of ending a patient’s life even though such action may be motivated by compassion,
respect for patient autonomy and quality of life considerations. Nurses have invaluable experience, knowledge, and insight into care at the end of life and should be actively involved in related research, education, practice, and policy development.

1.4 The right to self-determination
Respect for human dignity requires the recognition of specific patient rights, particularly, the right of self-determination. Self-determination, also known as autonomy, is the philosophical basis for informed consent in health care. Patients have the moral and legal right to determine what will be done with their own person; to be given accurate, complete, and understandable information in a manner that facilitates an informed judgment; to be assisted with weighing the benefits, burdens, and available option in their treatment, including the choice of no treatment; to accept, refuse, or terminate treatment without deceit, undue influence, duress, coercion, or penalty; and to be given necessary support throughout the decision-making and treatment process. Such support would include the opportunity to make decisions with family and significant others and the provision of advice and support from knowledgeable nurses and other health professionals. Patients should be involved in planning their own health care to the extent they are able and choose to participate.

Each nurse has an obligation to be knowledgeable about the moral and legal rights of all patients to self-determination. The nurse preserves, protects, and supports those interests by assessing the patient’s comprehension of both the information presented and the implications of decision. In situations in which the patient lacks the capacity to make a decision, a designated surrogate decision-maker should be consulted. The role of the surrogate is to make decisions as the patient would, based upon the patient’s previously expressed wishes and known values. In the absence of a designated surrogate decision-maker, decisions should be made in the best interests of the patient, considering the patient’s personal values to the extent that they are known. The nurse supports patient self-determination by participating in discussions with surrogates, providing guidance and referral to other resources as necessary, and identifying and addressing problems in the decision-making process. Support of autonomy in the broadest sense also includes recognition that people of some cultures place less weight on individualism and choose to defer to family or community values in decision-making. Respect not just for the specific decision but also for the patient’s method of decision-making is consistent with the principle of autonomy. Individuals are interdependent members of the community. The nurse recognizes that there are situations in which the right to individual self-determination may be outweighed or limited by the rights, health and welfare of others, particularly in relation to public health considerations. Nonetheless, limitation of individual rights must always be considered a serious deviation from the standard of care, justified only when there are no less restrictive means available to preserve the rights of others and the demands of justice.

1.5 Relationships with colleagues and others
The principle of respect for persons extends to all individuals with whom the nurse interacts. The nurse maintain compassionate and caring relationships with colleagues and others with a commitment to the fair treatment of individuals, to integrity-preserving compromise, and to resolving conflict. Nurses function in many roles, including direct care provider, administrator, educator, researcher, and consultant. In each of these roles, the nurse treats colleagues, employees, assistants, and students with respect and compassion. This standard of conduct precludes any and all prejudicial actions, any
form of harassment or threatening behavior, or disregard for the effect of one’s actions on others. The nurse values the distinctive contribution of individuals or groups, and collaborates to meet the shared goal of providing quality health services.

2. The nurse’s primary commitment is to the patient, whether an individual, family, group or community.

2.1 Primacy of the patient’s interests
The nurse’s primary commitment is to the recipient of nursing and health care services—the patient—whether the recipient is an individual, a family, a group, or a community. Nursing holds a fundamental commitment to the uniqueness of the individual patient; therefore, any plan of care must reflect that uniqueness. The nurse strives to provide patients with opportunities to participate in planning care, assures that patients find the plans acceptable and supports the implementation of the plan. Addressing patient interests requires recognition of the patient’s place in the family or other networks of relationship. When the patient’s wishes are in conflict with others, the nurse seeks to help resolve the conflict. Where conflict persists, the nurse’s commitment remains to the identified patient.

2.2 Conflict of interest for nurses
Nurses are frequently put in situations of conflict arising from competing loyalties in the workplace, including situations of conflicting expectations from patients, families, physicians, colleagues, and in many cases, health care organizations and health plans. Nurses must examine the conflicts arising between their own personal and professional values, the values and interests of others who are also responsible for patient care and health care decisions, as well as those of patients. Nurses strive to resolve such conflicts in ways that ensure patient safety, guard the patient’s best interests and preserve the professional integrity of the nurse. Situations created by changes in health care financing and delivery systems, such as incentive systems to decrease spending, pose new possibilities of conflict between economic self-interest and professional integrity. The use of bonuses, sanctions, and incentives tied to financial targets are examples of features of health care systems that may present such conflict. Conflicts of interest may arise in any domain of nursing activity including clinical practice, administration, education, or research. Advanced practice nurses who bill directly for services and nursing executives with budgetary responsibilities must be especially cognizant of the potential for conflicts of interest. Nurses should disclose to all relevant parties (e.g., patients, employers, colleagues) any perceived or actual conflict of interest and in some situations should withdraw from further participation. Nurses in all roles must seek to ensure that employment arrangements are just and fair and do not create an unreasonable conflict between patient care and direct personal gain.

2.3 Collaboration
Collaboration is not just cooperation, but it is the concerted effort of individuals and groups to attain a shared goal. In health care, that goal is to address the health needs of the patient and the public. The complexity of health care delivery systems requires a multidisciplinary approach to the delivery of services that has the strong support and active participation of all the health professions. Within this context, nursing’s unique contribution, scope of practice, and relationship with other health professions needs to be clearly articulated, represented, and preserved. By its very nature, collaboration requires mutual trust, recognition, and respect among the health care team, shared decision-
making about patient care, and open dialogue among all parties who have an interest in and a concern for health outcomes. Nurses should work to assure that the relevant parties are involved and have a voice in decision-making about patient care issues. Nurses should see that the questions that need to be addressed are asked and that the information needed for informed decision-making is available and provided. Nurses should actively promote the collaborative multidisciplinary planning required to ensure the availability and accessibility of quality health services to all persons who have needs for health care.

Intra-professional collaboration within nursing is fundamental to effectively addressing the health needs of patients and the public. Nurses engaged in non-clinical roles, such as administration or research, while not providing direct care, nonetheless are collaborating in the provision of care through their influence and direction of those who do. Effective nursing care is accomplished through the interdependence of nurses in differing roles—those who teach the needed skills, set standards, manage the environment of care, or expand the boundaries of knowledge used by the profession. In this sense, nurses in all roles share a responsibility for the outcomes of nursing care.

2.4 Professional boundaries
When acting within one’s role as a professional, the nurse recognizes and maintains boundaries that establish appropriate limits to relationships. While the nature of nursing work has an inherently personal component, nurse-patient relationships and nurse-colleague relationships have, as their foundation, the purpose of preventing illness, alleviating suffering, and protecting, promoting, and restoring the health of patients. In this way, nurse-patient and nurse-colleague relationships differ from those that are purely personal and unstructured, such as friendship. The intimate nature of nursing care, the involvement of nurses in important and sometimes highly stressful life events, and the mutual dependence of colleagues working in close concert all present the potential for blurring of limits to professional relationships. Maintaining authenticity and expressing oneself as an individual, while remaining within the bounds established by the purpose of the relationship, can be especially difficult in prolonged or long-term relationships. In all encounters, nurses are responsible for retaining their professional boundaries. When those professional boundaries are jeopardized, the nurse should seek assistance from peers or supervisors or take appropriate steps to remove her/himself from the situation.

3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

3.1 Privacy
The nurse safeguards the patient’s right to privacy. The need for health care does not justify unwanted intrusion into the patient’s life. The nurse advocates for an environment that provides for sufficient physical privacy, including auditory privacy for discussions of a personal nature and policies and practices that protect the confidentiality of information.

3.2 Confidentiality
Associated with the right to privacy, the nurse has a duty to maintain confidentiality of all patient information. The patient’s well-being could be jeopardized and the fundamental trust between patient and nurse destroyed by unnecessary access to data or by the inappropriate disclosure of identifiable patient information. The rights, well-being, and safety of the individual patient should be the primary factors in arriving at any professional judgment concerning the disposition of confidential information received from or about the patient, whether oral, written or electronic. The standard of nursing practice and the nurse’s responsibility to provide
quality care require that relevant data be shared with those members of the health care team who have a need to know. Only information pertinent to a patient’s treatment and welfare is disclosed, and only to those directly involved with the patient’s care. Duties of confidentiality, however, are not absolute and may need to be modified in order to protect the patient, other innocent parties, and in circumstances of mandatory disclosure for public health reasons.

Information used for purposes of peer review, third-party payments, and other quality improvement or risk management mechanisms may be disclosed only under defined policies, mandates, or protocols. These written guidelines must assure that the rights, well-being, and safety of the patient are protected. In general, only that information directly relevant to a task or specific responsibility should be disclosed. When using electronic communications, special effort should be made to maintain data security.

3.3 Protection of participants in research
Stemming from the right to self-determination, each individual has the right to choose whether or not to participate in research. It is imperative that the patient or legally authorized surrogate receive sufficient information that is material to an informed decision, to comprehend that information, and to know how to discontinue participation in research without penalty. Necessary information to achieve an adequately informed consent includes the nature of participation, potential harms and benefits, and available alternatives to taking part in the research. Additionally, the patient should be informed of how the data will be protected. The patient has the right to refuse to participate in research or to withdraw at any time without fear of adverse consequences or reprisal.

Research should be conducted and directed only by qualified persons. Prior to implementation, all research should be approved by a qualified review board to ensure patient protection and the ethical integrity of the research. Nurses should be cognizant of the special concerns raised by research involving vulnerable groups, including children, prisoners, students, the elderly, and the poor. The nurse who participates in research in any capacity should be fully informed about both the subject’s and the nurse’s rights and obligations in the particular research study and in research in general. Nurses have the duty to question and, if necessary, to report and to refuse to participate in research they deem morally objectionable.

3.4 Standards and review mechanisms
Nursing is responsible and accountable for assuring that only those individuals who have demonstrated the knowledge, skill, practice experiences, commitment, and integrity essential to professional practice are allowed to enter into and continue to practice within the profession. Nurse educators have a responsibility to ensure that basic competencies are achieved and to promote a commitment to professional practice prior to entry of an individual into practice. Nurse administrators are responsible for assuring that the knowledge and skills of each nurse in the workplace are assessed prior to the assignment of responsibilities requiring preparation beyond basic academic programs.

The nurse has a responsibility to implement and maintain standards of professional nursing practice. The nurse should participate in planning, establishing, implementing, and evaluating review mechanisms designed to safeguard patients and nurses, such as peer review processes or committees, credentialing processes, quality improvement initiatives, and ethics committees. Nurse administrators must ensure that nurses have access to and inclusion on institutional ethics committees. Nurses must bring forward difficult issues related to patient care and/or institutional constraints upon ethical practice for discussion and review. The nurse acts to
promote inclusion of appropriate others in all deliberations related to patient care. Nurses should also be active participants in the development of policies and review mechanisms designed to promote patient safety, reduce the likelihood of errors, and address both environmental system factors and human factors that present increased risk to patients. In addition, when errors do occur, nurses are expected to follow institutional guidelines in reporting errors committed or observed to the appropriate supervisory personnel and for assuring responsible disclosure of errors to patients. Under no circumstances should the nurse participate in, or condone through silence, either an attempt to hide an error or a punitive response that serves only to fix blame rather than correct the conditions that led to the error.

3.5 Acting on questionable practice
The nurse’s primary commitment is to the health, well-being, and safety of the patient across the life span and in all settings in which health care needs are addressed. As an advocate for the patient, the nurse must be alert to and take appropriate action regarding any instances of incompetent, unethical, illegal, or impaired practice by any member of the health care team or the health care system or any action on the part of others that places the rights or best interests of the patient in jeopardy. To function effectively in this role, nurses must be knowledgeable about the Code of Ethics, standards of practice of the profession, relevant federal, state and local laws and regulations, and the employing organization’s policies and procedures.

When the nurse is aware of inappropriate or questionable practice in the provision or denial of health care, concern should be expressed to the person carrying out the questionable practice. Attention should be called to the possible detrimental affect upon the patient’s well-being or best interests as well as the integrity of nursing practice.

When factors in the health care delivery system or health care organization threaten the welfare of the patient, similar action should be directed to the responsible administrator. If indicated, the problem should be reported to an appropriate higher authority within the institution or agency, or to an appropriate external authority.

There should be established processes for reporting and handling incompetent, unethical, illegal, or impaired practice within the employment setting so that such reporting can go through official channels, thereby reducing the risk of reprisal against the reported nurse. All nurses have a responsibility to assist those who identify potentially questionable practice. State nurses associations should be prepared to provide assistance and support in the development and evaluation of such processes and reporting procedures. When incompetent, unethical, illegal, or impaired practice is not corrected within the employment setting and continues to jeopardize patient well-being and safety, the problem should be reported to other appropriate authorities such as practice committees of the pertinent professional organizations, the legally constituted bodies concerned with licensing of specific categories of health workers and professional practitioners, or the regulatory agencies concerned with evaluating standards or practice. Some situations may warrant the concern and involvement of all such groups.

Accurate reporting and factual documentation, and not merely opinion, undergird all such responsible actions. When a nurse chooses to engage in the act of responsible reporting about situations that are perceived as unethical, incompetent, illegal, or impaired, the professional organization has a responsibility to provide the nurse with support and assistance and to protect the practice of those nurses who choose to voice their concerns. Reporting unethical, illegal, incompetent, or impaired practices, even
when done appropriately, may present sub-stantial risks to the nurse; nevertheless, such risks do not eliminate the obligation to address serious threats to patient safety. 

3.6 Addressing impaired practice
Nurses must be vigilant to protect the patient, the public, and the profession from potential harm when a colleague’s practice, in any setting, appears to be impaired. The nurse extends compassion and caring to colleagues who are in recovery from illness or when illness interferes with job performance. In a situation where a nurse suspects another’s practice may be impaired, the nurse’s duty is to take action designed both to protect patients and to assure that the impaired individual receives assistance in regaining optimal function. Such action should usually begin with consulting supervisory personnel and may also include confronting the individual in a supportive manner and with the assistance of others or helping the individual to access appropriate resources. Nurses are encouraged to follow guidelines outlines by the profession and policies of the employing organization to assist colleagues whose job performance may be adversely affected by mental or physical illness or by personal circumstances. Nurses in all roles should advocate for colleagues whose job performance may be impaired to ensure that they receive appropriate assistance, treatment and access to fair institutional and legal processes. This includes supporting the return to practice of the individual who has sought assistance and is ready to resume professional duties. If impaired practice poses a threat or danger to self or others, regardless of whether the individual has sought help, the nurse must take action to report the individual to persons authorized to address the problem. Nurses who advocate for others whose job performance creates a risk for harm should be protected from negative consequences. Advocacy may be a difficult process and the nurse is advised to follow workplace policies. If workplace policies do not exist or are inappropriate—that is, they deny the nurse in question access to due legal process or demand resignation—the reporting nurse may obtain guidance from the professional association, state peer assistance programs, employee assistance program or a similar resource.

4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse’s obligation to provide optimum patient care.

4.1 Acceptance of accountability and responsibility
Individual registered nurses bear primary responsibility for the nursing care that their patients receive and are individually accountable for their own practice. Nursing practice includes direct care activities, acts of delegation, and other responsibilities such as teaching, research, and administration. In each instance, the nurse retains accountability and responsibility for the quality of practice and for conformity with standards of care. Nurses are faced with decisions in the context of the increased complexity and changing patterns in the delivery of health care. As the scope of nursing practice changes, the nurse must exercise judgment in accepting responsibilities, seeking consultation, and assigning activities to others who carry out nursing care. For example, some advanced practice nurses have the authority to issue prescription and treatment orders to be carried out by other nurses. These acts are not acts of delegation. Both the advanced practice nurse issuing the order and the nurse accepting the order are responsible for the judgments made and accountable for the actions taken.

4.2 Accountability for nursing judgment and action
Accountability means to be answerable to oneself and others for one’s own actions. In
order to be accountable, nurses act under a
code of ethical conduct that is grounded in
the moral principles of fidelity and respect
for the dignity, worth, and self-determination
of patients. Nurses are accountable for
judgments made and actions taken in the
course of nursing practice, irrespective of
health care organizations’ policies or provid-
ers’ directives.

4.3 Responsibility for nursing judgment
and action
Responsibility refers to the specific account-
ability or liability associated with the perfor-
mance of duties of a particular role. Nurses
accept or reject specific role demands based
upon their education, knowledge, compe-
tence, and extent of experience. Nurses in
administration, education, and research also
have obligations to the recipients of nursing
care. Although nurses in administration,
education, and research have relationships
with patients that are less direct, in assuming
the responsibilities of a particular role, they
share responsibility for the care provided by
those whom they supervise and instruct. The
nurse must not engage in practices prohibited
by law or delegate activities to others that are
prohibited by the practice acts of other health
care providers.

Individual nurses are responsible for assess-
ing their own competence. When the needs of
the patient are beyond the qualifications and
competencies of the nurse, consultation and
collaboration must be sought from qualified
nurses, other health professionals, or other
appropriate sources. Educational resources
should be sought by nurses and provided by
institutions to maintain and advance the
competence of nurses. Nurse educators act in
collaboration with their students to assess the
learning needs of the student, the effective-
ness of the teaching program, the identifica-
tion and utilization of appropriate resources,
and the support needed for the learning
process.

4.4 Delegation of nursing activities
Since the nurse is accountable for the quality
of nursing care given to patients, nurses are
accountable for the assignment of nursing
responsibilities to other nurses and the dele-
gation of nursing care activities to other
health care workers. While delegation and
assignments are used here in a generic moral
sense, it is understood that individual states
may have a particular legal definition of these
terms.

The nurse must make reasonable efforts to
assess individual competence when assigning
selected components of nursing care to other
health care workers. This assessment in-
volves evaluating the knowledge, skills, and
experience of the individual to whom the care
is assigned, the complexity of the assigned
tasks, and the health status of the patient. The
nurse is also responsible for monitoring the
activities of these individuals and evaluating
the quality of the care provided. Nurses may
not delegate responsibilities such as assess-
ment and evaluation; they may delegate
tasks. The nurse must not knowingly assign
or delegate to any member of the nursing
team a task for which that person is not
prepared or qualified. Employer policies or
directives do not relieve the nurse of respon-
sibility for making judgments about the
delegation and assignment of nursing care
tasks.

Nurses functioning in management or admin-
istrative roles have a particular responsibility
to provide an environment that supports and
facilitates appropriate assignment and delega-
tion. This includes providing appropriate
orientation to staff, assisting less experienced
nurses in developing necessary skills and
competencies, and establishing policies and
procedures that protect both the patient and
nurse from the inappropriate assignment or
delegation of nursing responsibilities, activi-
ties, or tasks.

Nurses functioning in educator or preceptor
roles may have less direct relationships with
patients. However, through assignment of nursing care activities to learners they share responsibility and accountability for the care provided. It is imperative that the knowledge and skills of the learner be sufficient to provide the assigned nursing care and that appropriate supervision be provided to protect both the patient and the learner.

5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.

5.1 Moral self-respect
Moral respect accords moral worth and dignity to all human beings irrespective of their personal attributes or life situation. Such respect extends to oneself as well; the same duties that we owe to others we owe to ourselves. Self-regarding duties refer to a realm of duties that primarily concern oneself and include professional growth and maintenance of competence, preservation of wholeness of character, and personal integrity.

5.2 Professional growth and maintenance of competence
Though it has consequences for others, maintenance of competence and ongoing professional growth involves the control of one’s own conduct in a way that is primarily self-regarding. Competence affects one’s self-respect, self-esteem, professional status, and the meaningfulness of work. In all nursing roles, evaluation of one’s own performance, coupled with peer review, is a means by which nursing practice can be held to the highest standards. Each nurse is responsible for participating in the development of criteria for evaluation of practice and for using those criteria in peer and self-assessment.

Continual professional growth, particularly in knowledge and skill, requires a commitment to lifelong learning. Such learning includes, but is not limited to, continuing education, networking with professional colleagues, self-study, professional reading, certification, and seeking advanced degrees. Nurses are required to have knowledge relevant to the current scope and standards of nursing practice, changing issues, concerns, controversies, and ethics. Where the care required is outside the competencies of the individual nurse, consultation should be sought or the patient should be referred to others for appropriate care.

5.3 Wholeness of character
Nurses have both personal and professional identities that are neither entirely separate, nor entirely merged, but are integrated. In the process of becoming a professional, the nurse embraces the values of the profession, integrating them with personal values. Duties to self involve an authentic expression of one’s own moral point-of-view in practice. Sound ethical decision-making requires the respectful and open exchange of views between and among all individuals with relevant interests. In a community of moral discourse, no one person’s view should automatically take precedence over that of another. Thus the nurse has a responsibility to express moral perspectives, even when they differ from those of others, and even when they might not prevail.

This wholeness of character encompasses relationships with patients. In situations where the patient requests a personal opinion from the nurse, the nurse is generally free to express an informed personal opinion as long as this preserves the voluntariness of the patient and maintains appropriate professional and moral boundaries. It is essential to be aware of the potential for undue influence attached to the nurse’s professional role. Assisting patients to clarify their own values in reaching informed decisions may be helpful in avoiding unintended persuasion. In situations where nurses’ responsibilities include care for those whose personal attributes, condition, lifestyle, or situation is
stigmatized by the community and are personally unacceptable, the nurse still renders respectful and skilled care.

5.4 Preservation of integrity

Integrity is an aspect of wholeness of character and is primarily a self-concern of the individual nurse. An economically constrained health care environment presents the nurse with particularly troubling threats to integrity. Threats to integrity may include a request to deceive a patient, to withhold information, or to falsify records, as well as verbal abuse from patients or coworkers. Threats to integrity also may include an expectation that the nurse will act in a way that is inconsistent with the values or ethics of the profession, or more specifically a request that is in direct violation of the Code of Ethics. Nurses have a duty to remain consistent with both their personal and professional values and to accept compromise only to the degree that it remains an integrity-preserving compromise. An integrity-preserving compromise does not jeopardize the dignity or well-being of the nurse or others. Integrity-preserving compromise can be difficult to achieve, but is more likely to be accomplished in situations where there is an open forum for moral discourse and an atmosphere of mutual respect and regard. Where nurses are placed in situations of compromise that exceed acceptable moral limits or involve violations of the moral standards of the profession, whether in direct patient care or in any other forms of nursing practice, they may express their conscientious objection to participation. Where a particular treatment, intervention, activity, or practice is morally objectionable to the nurse, whether intrinsically so or because it is inappropriate for the specific patient, or where it may jeopardize both patients and nursing practice, the nurse is justified in refusing to participate on moral grounds. Such grounds exclude personal preference, prejudice, convenience, or arbitrariness.

Conscientious objection may not insulate the nurse against formal or informal penalty. The nurse who decides not to take part on the grounds of conscientious objection must communicate this decision in appropriate ways. Whenever possible, such a refusal should be made known in advance and in time for alternate arrangements to be made for patient care. The nurse is obliged to provide for the patient’s safety, to avoid patient abandonment, and to withdraw only when assured that alternative sources of nursing care are available to the patient. Where patterns of institutional behavior or professional practice compromise the integrity of all its nurses, nurses should express their concern or conscientious objection collectively to the appropriate body or committee. In addition, they should express their concern, resist, and seek to bring about a change in those persistent activities or expectations in the practice setting that are morally objectionable to nurses and jeopardize either patient or nurse well being.

6. The nurse participates in establishing, maintaining, and improving health care environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.

6.1 Influence of the environment on moral virtues and values

Virtues are habits of character that predispose persons to meet their moral obligations; that is, to do what is right. Excellences are habits of character that predispose a person to do a particular job or task well. Virtues such as wisdom, honesty, and courage are habits or attributes of the morally good person. Excellences such as compassion, patience, and skill are habits of character of the morally good nurse. For the nurse, virtues and excellences are those habits that affirm and promote the values of human dignity, well-
being, respect, health, independence, and other values central to nursing. Both virtues and excellences, as aspects of moral character, can be either nurtured by the environment in which the nurse practices or they can be diminished or thwarted. All nurses have a responsibility to create, maintain, and contribute to environments that support the growth of virtues and excellences and enable nurses to fulfill their ethical obligations.

6.2 Influence of the environment on ethical obligations

All nurses, regardless of role, have a responsibility to create, maintain, and contribute to environments of practice that support nurses in fulfilling their ethical obligations. Environments of practice include observable features, such as working conditions, and written policies and procedures setting out expectations for nurses, as well as less tangible characteristics such as informal peer norms. Organizational structures, role descriptions, health and safety initiatives, grievance mechanisms, ethics committees, compensation systems, and disciplinary procedures all contribute to environments that can either present barriers or foster ethical practice and professional fulfillment. Environments in which employees are provided fair hearing of grievances, are supported in practicing according to standards of care, and are justly treated allow for the realization of the values of the profession and are consistent with sound nursing practice.

6.3 Responsibility for the healthcare environment

The nurse is responsible for contributing to a moral environment that encourages respectful interactions with colleagues, support of peers, and identification of issues that need to be addressed. Nurse administrators have a particular responsibility to assure that employees are treated fairly and that nurses are involved in decisions related to their practice and working conditions. Acquiescing and accepting unsafe or inappropriate practices, even if the individual does not participate in the specific practice, is equivalent to condoning unsafe practice. Nurses should not remain employed in facilities that routinely violate patient rights or require nurses to severely and repeatedly compromise standards of practice of personal morality.

As with concerns about patient care, nurses should address concerns about the health care environment through appropriate channels. Organizational changes are difficult to accomplish and may require persistent efforts over time. Toward this end, nurses may participate in collective actions such as collective bargaining or workplace advocacy, preferably through a professional association such as the state nurses association, in order to address the terms and conditions of employment. Agreements reached through such action must be consistent with the profession’s standards of practice, the state law regulating practice, and the Code of Ethics for Nursing. Conditions of employment must contribute to the moral environment, the provision of quality patient care, and the professional satisfaction for nurses. The professional association also serves as an advocate for the nurse by seeking to secure just compensation and humane working conditions for nurses. While seeking to assure just economic and general welfare for nurses, collective bargaining, nonetheless, seeks to keep the interests of both nurses and patients in balance.

7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
7.1 Advancing the profession through active involvement in nursing and in health care policy
Nurses should advance their profession by contributing in some way to the leadership, activities, and the viability of their professional organizations. Nurses can also advance the profession by serving in leadership or mentorship roles or on committees within their places of employment. Nurses who are self-employed can advance the profession by serving as role models for professional integrity. Nurses can also advance the profession through participation in civic activities related to health care or through local, state, national, or international initiatives. Nurse educators have a specific responsibility to enhance students’ commitment to professional and civic values. Nurse administrators have a responsibility to foster an employment environment that facilitates nurses’ ethical integrity and professionalism, and nurse researchers are responsible for active contribution to the body of knowledge supporting and advancing nursing practice.

7.2 Advancing the profession by developing, maintaining, and implementing professional standards in clinical, administrative, and educational practice
Standards and guidelines reflect the practice of nursing grounded in ethical commitments and a body of knowledge. Professional standards and guidelines for nurses must be developed by nurses and reflect nursing’s responsibility to society. It is the responsibility of nurses to identify their own scope of practice as permitted by professional practice standards and guidelines, by state and federal laws, by relevant societal values, and by the Code of Ethics.

The nurse as administrator or manager must establish, maintain, and promote conditions of employment that enable nurses within that organization or community setting to practice in accord with accepted standards of nursing practice and provide a nursing and health care work environment that meets the standards and guidelines of nursing practice. Professional autonomy and self regulation in the control of conditions of practice are necessary for implementing nursing standards and guidelines and assuring quality care for those whom nursing serves.

The nurse educator is responsible for promoting and maintaining optimum standards of both nursing education and of nursing practice in any settings where planned learning activities occur. Nurse educators must also ensure that only those students who possess the knowledge, skills, and competencies that are essential to nursing graduate from their nursing programs.

7.3 Advancing the profession through knowledge development, dissemination, and application to practice
The nursing profession should engage in scholarly inquiry to identify, evaluate, refine, and expand the body of knowledge that forms the foundation of its discipline and practice. In addition, nursing knowledge is derived from the sciences and from the humanities. Ongoing scholarly activities are essential to fulfilling a profession’s obligations to society. All nurses working alone or in collaboration with others can participate in the advancement of the profession through the development, evaluation, dissemination, and application of knowledge in practice. However, an organizational climate and infrastructure conducive to scholarly inquiry must be valued and implemented for this to occur.

8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
8.1 Health needs and concerns
The nursing profession is committed to promoting the health, welfare, and safety of all people. The nurse has a responsibility to
be aware not only of specific health needs of individual patients but also of broader health concerns such as world hunger, environmental pollution, lack of access to health care, violation of human rights, and inequitable distribution of nursing and health care resources. The availability and accessibility of high quality health services to all people require both interdisciplinary planning and collaborative partnerships among health professionals and others at the community, national and international levels.

8.2 Responsibilities to the public
Nurses, individually and collectively, have a responsibility to be knowledgeable about the health status of the community and existing threats to health and safety. Through support of and participation in community organizations and groups, the nurse assists in efforts to educate the public, facilitates informed choice, identifies conditions and circumstances that contribute to illness, injury and disease, fosters healthy life styles, and participates in institutional and legislative efforts to promote health and meet national health objectives. In addition, the nurse supports initiatives to address barriers to health, such as poverty, homelessness, unsafe living conditions, abuse and violence, and lack of access to health services.

The nurse also recognizes that health care is provided to culturally diverse populations in this country and in all parts of the world. In providing care, the nurse should avoid imposition of the nurse’s own cultural values upon others. The nurse should affirm human dignity and show respect for the values and practices associated with different cultures and use approaches to care that reflect awareness and sensitivity.

9. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

9.1 Assertion of values
It is the responsibility of a professional association to communicate and affirm the values of the profession to its members. It is essential that the professional organization encourages discourse that supports critical self-reflection and evaluation within the profession. The organization also communicates to the public the values that nursing considers central to social change that will enhance health.

9.2 The profession carries out its collective responsibility through professional associations
The nursing profession continues to develop ways to clarify nursing’s accountability to society. The contract between the profession and society is made explicit through such mechanisms as (a) the Code of Ethics for Nurses, (b) the standards of nursing practice, (c) the ongoing development of nursing knowledge derived from nursing theory, scholarship, and research in order to guide nursing actions, (d) educational requirements for practice, (e) certification, and (f) mechanisms for evaluating the effectiveness of professional nursing actions.

9.3 Intraprofessional integrity
A professional association is responsible for expressing the values and ethics of the profession and also for encouraging the professional organization and its members to function in accord with those values and ethics. Thus, one of its fundamental responsibilities is to promote awareness of and adherence to the Code of Ethics and to critique the activities and ends of the professional association itself. Values and ethics influence the power structures of the association in guiding, correcting, and directing its activities. Legitimate concerns for the self-interest of the association and the profession are balanced by a commitment to the social
goods that are sought. Through critical self-reflection and self-evaluation, associations must foster change within themselves, seeking to move the professional community toward its stated ideals.

9.4 Social reform
Nurses can work individually as citizens or collectively through political action to bring about social change. It is the responsibility of a professional nursing association to speak for nurses collectively in shaping and reshaping health care within our nation, specifically in areas of health care policy and legislation that affect accessibility, quality, and the cost of health care. Here, the professional association maintains vigilance and takes action to influence legislators, reimbursement agencies, nursing organizations, and other health professions. In these activities, health is understood as being broader than delivery and reimbursements systems, but extending to health-related sociocultural issues such as violation of human rights, homelessness, hunger, violence, and the stigma of illness.

THE SCHOOL OF NURSING

GUIDING STATEMENTS

Statement of Mission, Purpose and Goals
The mission of the School of Nursing is to be excellence-driven, Christ-centered, people-focused, and future directed while preparing qualified individuals for a career in the caring, therapeutic, teaching profession of nursing.

The purpose of the School of Nursing is to prepare competent professional nurses who provide caring therapeutic interventions to meet the health needs of culturally diverse persons.

The “Statement of Mission and Purpose” by the faculty of the School of Nursing at Union University addresses six concepts: the four main concepts in nursing (person, environment, health and nursing), plus two additional concepts (professional nursing practice and educational process).

The faculty of the School of Nursing at Union University believes that a person is a unique individual, family or community in constant interaction with the physical, sociocultural, and spiritual environment. Persons are psychological, social, physical and spiritual entities with varying abilities to communicate and adapt. Societal mores, developmental level, values and beliefs influence the behavior of individuals, families and communities as they attempt to meet basic human needs.

Environment includes all the internal and external conditions, circumstances and influences affecting persons. Changes in the global environment require adaptation. These changes exert an influence upon health status.

Health is a dynamic state of changing, adapting and developing on a continuum ranging from wellness to illness. Health has a uniquely personal interpretation; therefore, the optimal level of wellness is distinctive to each person. Each person has the right to strive to attain, maintain and/or regain any level of wellness insofar as it does not constitute a threat to others. Whenever resources are sought or required for the pursuit of the desired level of wellness, nursing is often the source of advocacy, guidance and care.

The art and science of nursing is a caring, therapeutic and educative discipline based on an ever-changing body of knowledge generated from nursing theories and nursing research in addition to a shared knowledge from the humanities, biologic sciences and social sciences. The central purpose of the School of Nursing is to prepare qualified individuals to strive for excellence in caring and meeting the health needs of the individual, family and community through applications of theory and research findings. The science-based, goal-directed nursing process is used to assist the person toward the promotion, maintenance and restoration of health, the adaptation to illness or a peaceful death.

The faculty of the Union University School of Nursing believes that a baccalaureate in nursing is the first professional degree in nursing. The professional nurse practices in independent, interdependent and dependent roles in diverse health care delivery systems. The nurse is aware of historical and current issues that affect the practice of nursing and health care delivery. Nurses act responsibly both as individuals accountable for their own actions and as members of a professional group.

The faculty believes that a masters in nursing is the first advanced professional degree in nursing. The nurse prepared at the master’s level has refined analytical skills, broad based perspectives, in-depth knowledge of the discipline, enhanced communication skills and the ability to relate theory to practice.

The educational process provides direction and guidance to meet the learning needs of the student and is formal and informal, structured and experiential. Learning is an active lifelong process and is facilitated when a variety of teaching modalities are used to accommodate different learning styles. Enhanced use of informatics and health care technology is in-
included in the educational and clinical arenas. Post-secondary education is necessarily a growth process in which the learner assimilates knowledge through active participation, accomplishes the stated objectives and evaluates personal progress.

Professional nursing education includes a broad knowledge of the arts and sciences. The faculty develops cognitive, affective and behavioral goals and objectives to measure student learning. Faculty members serve as role models, facilitators of learning and personal resources for students.

In keeping with the educational mission and purpose of the parent institution, the School of Nursing at Union University encourages the spiritual growth of each individual and upholds the Christian ethic of service in the nursing profession. To this end, the student’s curriculum provides a professional base to develop a nursing practice that is excellence-driven and future directed.

The goals of the baccalaureate program in nursing are to:
1. Provide baccalaureate nursing education within a liberal arts framework which is excellence-driven and which provides opportunity for the development of the total personality—spiritual, physiological, sociocultural and professional.
2. Prepare the graduate for entry into professional nursing as a generalist.
3. Provide preparation in baccalaureate nursing that serves as a basis for entry into graduate level nursing education.

The goals of the masters program in nursing are to:
1. Provide masters nursing education that builds on the baccalaureate undergraduate foundation.
2. Prepare the graduate for advanced professional nursing practice with specific functional and clinical abilities.
3. Prepare advanced practice nurses academically for doctoral study in nursing.

Reapproved, 1999

Conceptual Framework

The conceptual framework of the School of Nursing at Union University is based upon the “Statement of Mission, Purpose and Goals.” It elaborates upon the faculty’s beliefs about six concepts: the metaparadigm of nursing (person, environment, health and nursing), plus two additional concepts, nursing as a profession and educational process. The faculty’s beliefs about the concepts are further defined, expanded and synthesized in the following unifiers: wholism, wellness-illness continuum, research, nursing process, theoretical and empirical knowledge, role development, legal and ethical issues, and communication. All the faculty beliefs are permeated by the Christian worldview of God which is summarized in the following pretheoretical suppositions.

God is the loving, sovereign creator of all that is. The one God is triune - Father, Son, and Holy Spirit—continually seeking a restorative relationship with His creation. A more complete understanding of God is developed through studying God's revelation, the scripture.

God created persons and environment and it was good. A person, is a unique individual, family or community. (1) a person, as an individual, bears God image and is created to be in a relationship with God and other individuals. However, the image of God in humanity is thrown into varying degrees of disharmony and imbalance. Because God is loving and seeks a restorative relationship with humanity, Christ, the Son, died for humanity. Therefore, every human possesses dignity and is a worthy of justice, mercy, respect and Christian love. (2) Person, as a family, is individuals joined together to form the basic unit of society. (3) Person, as community, is formed by individuals, families and/or groups which share common characteristics and distinctly defined boundaries.

God gave persons of authority over the environment. Whether individual, family or community, the person's responsibility to the environment, is to preserve and develop it.
God created the first individuals with perfect health in which the body, mind, and spirit were integrated in perfect wholeness. When man broke his perfect relationship with God, suffering and death became a natural part of physical life.

Nursing is a God-given means of promoting health in persons by teaching and practicing health care in an ethical manner.

Recognizing that all knowledge comes from God, nursing as the profession has the duty/responsibility to discover and to illuminate God's truth through rational thought about observation and experience relative to nursing. This discovery is accomplished through nursing research, theory development, practice, and education. The discipline of nursing expects that all nurses will practice based upon the ethical codes developed by the discipline. Christian nurses are furthermore called to practice nursing in a manner congruent with the beliefs and values of the Judeo-Christian tradition.

As nursing fosters the total well-being of individuals who were created to reflect God's image, so through the educational process, nursing educators comparably foster reasoning, competence, and creativity in students in order to reflect God's image.

Concepts

Person:

Person is a unique individual, family or community. As such, the nature of person is not static, but dynamic. The wholistic individual encompasses body, mind, and spirit: (1) the body—anatomy and physiology; (2) the mind/psyche—emotion/affect, intellect/cognition, and will; and (3) spirit—the soul which expresses itself in relationships with God and others. While it is helpful to separately conceive body, mind and spirit, in reality they are indivisible and interrelated. The dynamic nature of the individual undergirds a developmental focus of the lifecycle as a series of phases. During each phase of development, from conception through maturity, there is a changing priority of need fulfillment as perceived by the individual.

The whole individual is in constant interaction with the environment, and therefore, yields a broader society and culture. This sociocultural outgrowth incorporates ethnicity, beliefs, values/ethics, and interpersonal and inter-societal relationships which are developed through communication.

Family is individuals who join together to contribute to the physical, psychosocial, and spiritual needs of each other within an environment of love and affection. Functional family dynamics incorporate caring relationships. Individuals and families build and maintain constructive and responsible community relationships.

Community is an aggregate of people who share common characteristics such as geographical, cultural, religious or relational characteristics. Community connotes an interdependency that is a means for the production, distribution, and consumption of goods and services; for socialization; for social control; for social relationships; and for mutual support (Kozier, Erb, & Blair, 1997). Communities are responsible for building and maintaining constructive and productive relationships in the broader societal and global contexts.

Environment:

Environment is the internal and external conditions, circumstances and influences affecting persons. The internal environment of the individual encompasses the body, mind and spirit. The external environment is all of the outer influences that impact upon the person, such as climate, ecology, economy, politics and history, technology, geology, society and culture. The extent of environment ranges from the interpersonal and local to intersocietal and global. The person's internal and external environments are in constant interaction and change, requiring adaptation, thus influencing health.
Health:

Health is a dynamic process and reflects the integrated wholeness of the person's body, mind and spirit; choices; and environmental factors. Health exists on a wellness-illness continuum. The right to seek opportunities for wellness belongs to each person, regardless of social or economic status, personal qualities, or nature of the health need. Usually the person makes decisions about seeking assistance within the health care system relative to his/her perceived health status on the wellness-illness continuum.

Wellness is maximum health potential which is reached when each, the body, mind, and spirit, is at its highest level of wholeness. The means to wellness consists of: (1) the individual, family, or community making responsible choices according to knowledge and an ethical framework. Choices may be influenced by lifestyle, genetic predisposition, and family and cultural belief systems; (2) environmental factors such as healthcare access, financial resources, food sources, climate, etc.; and (3) the interaction between choices and environmental factors. For example, choices about the level of wellness the person wishes to achieve or maintain may be limited by society if, by the choices made, a threat is posed to self and/or others.

As the level of wellness decreases the possibility for illness, suffering, and death increases. Illness is an absence of integrated wholeness or disintegration. Both wellness and illness are abstract constructs that are personal and subjective, but may be objectively discernable because of common experience and symptom manifestation. Subjective and objective data may be used to discern the quality and quantity of wellness or illness.

When one or more of the means to wellness is not attained or is flawed, suffering may occur. Suffering is the conscious endurance of pain and distress which occur because of a perceived loss or illness. When health is insufficient to sustain life, death occurs. Death is the end of physical life.

Nursing:

Nursing is an applied discipline, which expresses itself in nursing practice and has its foundation in scientific/empirical knowledge, theory, and research. Nursing in its fullest sense is also a caring, therapeutic and teaching discipline. The body of nursing knowledge is ever-expanding through future-directed research and theory development. The research process is one means for developing scientific problem-solving and research findings are used to guide nursing practice. Nursing theories are tested and supported by knowledge gained through research.

Theoretical and empirical knowledge from the nursing, biological and social sciences and the humanities are synthesized in utilization of the nursing process. The nursing process is a science-based series of activities employed by the nurse as a methodical, ongoing effort toward achieving desired outcomes for person, environment, and health. The steps of the nursing process include assessment, nursing diagnosis, planning, implementation and evaluation. This process occurs dynamically in a back and forth fashion.

The caring component of nursing reflects the nurse's concern, empathy, and love for others. The caring role is best fulfilled as the nurse demonstrates the Christ-centered ethic of service in relation to God and to person.

The therapeutic component of nursing is realized by providing health care or knowledge of health care practices to enhance the person's level of wellness. The teaching component of nursing includes providing information to make health care decisions, acquire skills, and change behavior.

When it is not possible to promote wellness, nursing seeks to enable persons to adjust to illness and/or relieve suffering. When it is not possible to promote life, nursing seeks to enable persons to adjust to loss and a peaceful death.
Nursing as a Profession:
The baccalaureate in nursing is the basic educational preparation for professional nurses. Role development of the professional nurse focuses on the ability to function as a care provider, manager, health teacher, counselor, advocate, change agent, and leader for individuals of all ages, families, and communities from intercultural populations. Critical thinking and decision making skills are developed and then applied in the implementation of quality care in diverse settings. Graduates are prepared to be generalists who promote health and wellness.

The master's degree is educational preparation for nurses with a baccalaureate degree who seek roles requiring advanced practice skills in order to function as providers and organizers of health care. Building on baccalaureate competencies, the nurse is prepared to skillfully apply frameworks, models of care, concepts, and rationales in practice. Union University offers tracks in nursing education and nursing administration at the master's level. The nursing education track prepares nurses to become teachers and educators in various settings, i.e., healthcare delivery systems, schools, and colleges. The nursing administration track prepares nurses for leadership roles in healthcare delivery systems.

Role development empowers the nurse to meet emerging health needs in a changing and global society. Role development is enhanced by: (1) use of an ever-evolving body of knowledge from nursing and other related fields in making autonomous judgements regarding health interventions; (2) ability to focus on promoting and maintaining the desired optimal level of function on the wellness-illness continuum for individuals, families and groups in a variety of acute care and community based healthcare delivery systems; (3) contribution to the professional knowledge base through participating in clinical research efforts; (4) evaluation of the effectiveness of one's own practice; (5) support of professional goals for improved practice; and (6) accountability for life-long learning.

Accountability for all professional nurses is based on legal and ethical standards of safe nursing practice as defined by the nurse practice acts, standards of nursing practice, licensure legislation and professional nursing organizations. In addition, the master's prepared nurse may also be bound by the standards of specialty certification. Each professional nurse is accountable for individual nursing actions and for responsibilities delegated to others. Responsibility and accountability include collaboration and communication with other members of the transdisciplinary healthcare team to provide quality care. Professional ethics and a Christian approach to health care require that nursing care should be directed toward providing (1) access to health care regardless of economic status, personal qualities, or nature of the health need; (2) quality health care; and (3) cost-effective and therapeutic use of environmental resources and healthcare personnel.

The professional nurse utilizes therapeutic communication, which entails active listening, verbal and non-verbal empathic responses, assertiveness skills and mutual goal setting. Communication skills are essential for nursing process, group process, health teaching and counseling. Written and verbal communication of comprehensive data between the nurse, the client and other health care professionals is vital for continuity of care.

Educational Process:
The educational process is designed to provide a variety of experiences that enable the student to be an effective participant in learning. It is formal and informal, structured and experiential, and is enhanced by an environment of mutual respect in which the teacher and student interact for accomplishing shared goals. Education at Union University provides organized opportunities which encourage academic growth, personal growth, the expression of Christian values, and a commitment to life-long
Preparation for the practice of professional nursing requires a strong liberal arts foundation. Baccalaureate nursing education is a process of learning that combines principles of nursing science with the humanities and the biologic and social sciences.

Preparation for the advanced practice of nursing requires expansion and refinement of prior knowledge and the acquisition of new knowledge in a broader healthcare context. Nursing theory, research, healthcare ethics, health policy and economics, health promotion, and issues of human diversity are components of the master's program core. Specialty curricular content is offered in the areas of nursing administration and nursing education.

Learning is a process involving active participation of the student to attain a change in behavior. Each person has a different educational, socioeconomic and cultural background, and varied learning potential. Therefore, learning is an individual, dynamic process. Learning is enhanced by several factors including: (1) clear, attainable and meaningful outcomes; (2) a variety of relevant learning experiences planned to help students achieve the outcomes; (3) arrangement of learning experiences in a sequence which provides continuity and reinforcement, progressing from simple to complex and from familiar to unfamiliar.

The teaching role of the faculty is to structure people-focused learning experiences in an environment to facilitate maximum internalization, integration and synthesis of knowledge. The faculty respects the uniqueness of the student's life experiences. The sharing of those experiences enriches the educational process. The faculty promotes self-direction of the student, and functions as a resource by providing guidance and feedback. Furthermore, the faculty serves as a role model through active involvement in advancing nursing as a profession.

Summary: In keeping with the A “Statement of Mission, Purpose, and Goals” the concepts person, environment, health, nursing, nursing as a profession and educational process have been defined and clarified. The concepts have been further expanded through the use of the unifiers: wholism, well-illness continuum, research, nursing process, theoretical and empirical knowledge, role development, legal and ethical issues, and communication. This conceptualization provides the structure upon which outcome criteria are established, courses are developed and curriculum is evaluated.

Reapproved: October 29, 1999
MISSION STATEMENT (GOALS)

- To provide masters nursing education that builds on the baccalaureate undergraduate foundation.
- To prepare the graduate for advanced professional nursing practice with specific functional and clinical abilities.
- To prepare advanced practice nurses academically for doctoral study in nursing.

PROGRAM OUTCOMES

The graduate of the master's nursing program will be able to:

- Incorporate theory and research in advanced practice nursing.
- Assume leadership roles in nursing education or nursing administration to promote health and well-being of persons in an intercultural world.
- Integrate knowledge of health care economics and policy into the delivery of cost-effective, ethically responsible nursing care.
- Manage information using technology to influence nursing practice.

PROGRAM DESCRIPTION

The Master of Science in Nursing Program prepares students in advanced theory and practice in a specialized area of nursing. Graduate students are prepared to assume functional roles as nurse educators or nurse administrators. The combination of theory, research, and professional development also prepares graduates for doctoral study in nursing.

Our curriculum assists students in developing a conceptual frame of reference for analyzing nursing problems, utilizing theories related to nursing practice, and integrating principles of spiritual care and bio-ethics in their professional roles. They have the opportunity to practice in a variety of health-care settings.

The nursing education track prepares nurses to become teachers and educators in various settings, i.e., health-care delivery systems, schools, and colleges. The nursing administration track prepares nurses for leadership roles in and health-care delivery systems.
GRADUATE COURSES

NUR 510 Information Systems in Healthcare (2) F
A study of information systems in the health care arena. The focus of the course is the use of technology in health care practice, educational and administrative decision making. This class consists of 1 and 1/3 class hours per week and 2 and 2/3 lab hours per week.

NUR 520 Theory of Nursing Practice (2) F
Prepares the graduate to critique, evaluate, develop and utilize appropriate theory in the advanced practice of nursing. The course focuses on logical form as well as the development and evaluation of theory. This class consists of 2.6 class hours per week.

NUR 530 Research Methods (3) F
Specific aspects of the research process from quantitative analysis and qualitative perspectives will be studied. Emphasis will be placed on analysis of research, which prepares the student to utilize research findings as a basis for decision-making. The student will develop a proposal for research thesis or scholarly project. This class consists of 4 class hours per week. Prerequisite: Pre- or corequisite NUR 514 Statistics for the Health Sciences.

NUR 540 Health Policy/Health Economics (3) F
The emphases of this course are health care policy and economics of healthcare delivery. This course will acquaint the student with historic policy legislation and its impact on the healthcare delivery system. The economic characteristics of the health service industry will be examined in relationship to effective, ethnically responsible nursing care. This class consists of 4 class hours per week.

NUR 550 Health Promotion/Disease Prevention (3) S
This course explores the importance of wholistic health promotion, disease prevention, and health risk education in individuals, families, and communities. Attention will be given to developmental, cultural, and managerial perspectives, as well as educational theory in assessing, analyzing, planning, implementing, and evaluating health promotion strategies. This class consists of 4 class hours per week. Prerequisite: Admission to MSN Program.

NUR 514 Statistics for the Health Sciences (3) F
This course serves as an introduction to biostatistics. Topics include a review of descriptive statistics, probability, and probability distributions; confidence intervals and classical hypothesis tests for one and two samples; analysis of variance; hypothesis tests for categorical data; regression and correlation; and nonparametric methods, all with an emphasis on applications in the health sciences. Appropriate statistical software will be utilized throughout the semester. This class consists of 3 class hours per week. Prerequisite: MAT 114 (Introduction to Statistics and Probability) or its equivalent and admission to the MSN program.
NUR 452/5552 Intercultural Issues (3)
This course focuses on the study of culturally appropriate and wholistic professional nursing care of persons in this pluralistic global society. Emphasis is placed on sensitivity to and respect for cultural diversity, communication, critical thinking, research and theories of intercultural nursing. Emphasis will be placed on cultural assessment and strategic planning for culturally competent nursing care which will result in positive health care outcomes for intercultural populations.

NUR 570 Curriculum Design (4) S
The focus of this course is the development of curricula using outcomes-based learning experiences. It addresses individual attitudes, knowledge and skills that are assessable, transferable and useful in a multicultural world. This class consists of 5.3 class hours per week. Prerequisite: Information Systems.

NUR 610 Instructional Methods (3) Su
A study designed to examine models of teaching and the methods derived from those models. Application of different models assists in the development of teaching effectiveness and competency-based evaluation. Use of a model in the clinical health care arena is required. This class consists of 4 class hours per week. Prerequisite: Curriculum Design.

NUR 620 Teaching/Learning Throughout the Lifespan (3) S
The characteristics of the learner at each stage of development are discussed as well as how these characteristics influence learning. Emphasis is placed on the study of the wholistic person. The nursing process will be used as framework to assess, plan, implement and evaluate a teaching-learning session. This class consists of 4 class hours per week.

NUR 690 Nursing Education Seminar/Practicum (3) F
This course explores concepts and issues related to nursing education in post-secondary institutions and health care facilities. Emphasis is placed on integrating educational theories and wholistic nursing practice in a field situation. Practice experiences are designed to synthesize knowledge and skills and to enable the advanced practice nurse to meet individual practice outcomes and career goals. Practice sites include schools/colleges of nursing and various health care delivery systems. This class consists of 1.5 class hours and 4.5 lab hours per week. Prerequisites: NUR 570, Curriculum Design; NUR 610, Instructional Methods; and NUR 620, Teaching/Learning throughout the Lifespan.

NUR 525 Introduction to Administrative Practice (3) S
This course will integrate information about delivery systems, organizational mission, structure, culture, personnel motivation, management and networking. The focus will be on exploring these concepts from a nursing perspective and a wholistic Christian worldview. This class consists of 4 class hours per week. Prerequisite: NUR 510, Information Systems.

NUR 645 Applied Financial Management (3) S
This course will facilitate a working knowledge of budgetary and fiscal issues specific to nursing management in various types of health care organizations. The content covers issues related to day to day fiscal management such as developing a budget and tracking revenue and expenditures. Computer systems used in fiscal management, as well as long range planning, are included. This class consists of 4 class hours per week. Prerequisites: NUR 530, Research Methods; NUR 514, Statistics for the Health Sciences; NUR 525, Introductory to Administrative Practices.

NUR 535 Nursing Administration III-Quality Measurement and Information Management in Health Services (4)Su
This course examines the quality of healthcare in relationship to nursing care delivery. It will include the concepts and information systems that are necessary in the identification, tracking,
and evaluation of quality indicators. Emphasis is placed in terminology and information systems specific to nursing administration and quality. This class consists of 4 class hours per week.

**Prerequisite:** NUR 525, Introductory to Administrative Practices.

**NUR 695 Seminar and Practicum (3) F**
This course will integrate didactic material from previous courses with administrative practice. The focus is the dynamic combination of administrative theory, quality management, health care economics and information systems through mentoring and field experience. Emphasis will be placed on developing practice and decision-making skills that are excellence driven, Christ-centered, people-focused, and future-directed. This class consists of 1.5 class hours and 4.5 lab hours per week. Prerequisite: NUR 535, Quality Measurement and Information Management in Health Services.

**NUR 696 Thesis (3) F**
This course enables the nurse educator/nurse administrator to implement the research proposal developed in the nursing research course. This project will focus on a problem in a school/college of nursing or health care delivery system. The subject of health care improvements is emphasized through nursing research utilization.

**Prerequisites:** NUR 514, Statistics; NUR 530, Research Methods.

**NUR 697 Scholarly Project (3) F**
This course enables the nurse educator/nurse administrator to complete a scholarly project. Through the scholarly project the student will identify, analyze, synthesize and utilize knowledge related to a healthcare issue in a school/college of nursing or health care delivery system. Application of critical thinking and nursing research utilization in this project will result in improved healthcare outcomes. Prerequisites: NUR 514, Statistics for the Health Sciences; NUR 530, Research Methods.

**NUR 585 Special Studies in Nursing (1-4)**
Group studies which do not appear in the department course offerings. Content will be determined by need.

**NUR 598 Seminar (1-3)**
A non-lecture research and discussion course. Course content will be determined by need. To be used at the discretion of the department.

**NUR 655 Independent Study (1-4)**
Individual research and study under the guidance of a graduate faculty member.
### Curricula

**Master of Science in Nursing**

**Nursing Education**

- NUR 510 Information Systems in Healthcare (2)
- NUR 520 Theory of Nursing Practice (2)
- NUR 514 Statistics for the Health Sciences (3)
- NUR 530 Research Methods (3)
- NUR 560 Ethical Issues in Health Care (3)
- NUR 540 Health Policy/Health Economics (3)
- NUR 550 Health Promotion/Disease Prevention (3)
- NUR 552 Intercultural Issues (3)
- NUR 570 Curriculum Design (4)
- NUR 610 Instructional Methods (3)
- NUR 620 Teaching/Learning Throughout the Lifespan (3)
- NUR 690 Nursing Education Seminar/Practicum (3)
- NUR 696 Thesis (3) or NUR 697 Scholarly Project (3)

Total semester hours 38

**Master of Science in Nursing**

**Nursing Administration**

- NUR 510 Information Systems in Healthcare (2)
- NUR 520 Theory of Nursing Practice (2)
- NUR 514 Statistics for the Health Sciences (3)
- NUR 530 Research Methods (3)
- NUR 560 Ethical Issues in Health Care (3)
- NUR 540 Health Policy/Health Economics (3)
- NUR 550 Health Promotion/Disease Prevention (3)
- NUR 552 Intercultural Issues (3)
- NUR 525 Introduction to Administrative Practice (3)
- NUR 645 Applied Financial Management (3)
- NUR 535 Quality Measurement and Information Management in Health Services (4)
- NUR 695 Seminar and Practicum (3)
- NUR 696 Thesis (3) or NUR 697 Scholarly Project (3)

Total semester hours 38
• Use your faculty as resource persons. Ask for help whenever you don't understand your reading, returned written work, lecture, etc. We want to help you.
• Prepare a schedule to allow yourself adequate time for reading, study, literature searches, and presentation and manuscript preparation.
• Submit written work on appropriate paper, on-time, and typed neatly in APA style unless otherwise specified.
• Become familiar with your student email address. We ask that you check for incoming messages at least three times weekly. Home email addresses should be provided to the MSN program director and course faculty.
• Forward your email sent to student email address to your home email address. Contact computing services for assistance.
• Notify the program director and Union Station immediately, if your name, mailing address, or email address changes.

General Program Policies
• Nurses liability insurance is required of all MSN students. You must provide evidence of professional malpractice insurance.
• Students must maintain current licensure, CPR certification and immunization status.
• Problems regarding a course should first be registered with course faculty, then with the Program Director, and finally with the Dean of the School of Nursing. The University's appeal procedures are stated in the Union University Graduate Academic Catalogue.
• A student may not progress in the program if an incomplete or failing grade is given in a course that is prerequisite to another course.
• Regular and successive attendance is expected of all students enrolled in classes. Each faculty member will decide how this policy will be administered in his or her classes. Due to the accelerated nature of almost all courses in the MSN program, absence from class should be avoided whenever possible.
• Each student is eligible to apply annually for a $50 stipend to offset program-related student travel.
• Graduating students are expected to attend graduation activities and exercises.

Criteria for Probation:
• Unsafe clinical practice, or failure to practice safeguards taught in previous courses.
• Failure to meet professional and ethical standards within nursing courses.
• Cumulative GPA of less than 3.0.
• More than one written warning in violation of any of the ethical, professional, academic and clinical practices.
• Failure to meet objectives specified in warning.

Criteria for Dismissal:
Any of the following conditions may result in immediate dismissal from the School of Nursing MSN Program. Behaviors identified as criteria for dismissal include:
• Unsafe clinical practice.
• Any instance that warrants a second warning.
• Academic dishonesty in any form (e.g., plagiarism, cheating, stealing).
• Misrepresentation or fabrication of events surrounding an incident involving professional practice.
• Misrepresentation or fabrication of data.
• Breach of professional ethics (See ANA Code for Nurses).
• Behavior not commensurate with professional expectations.

The student in jeopardy of possible dismissal is counseled by the appropriate faculty member and the MSN Program Director who will inform the student of his/her deficiencies. The student may be issued a written warning.
statement at this time. A copy of this warning will be given to the student and placed in the student’s file. Specific written guidelines for avoiding dismissal or consideration for re-admission will be established between student and instructor. Identified behaviors will be achieved within a specified time.

Policies Regarding Thesis and Scholarly Project

General Policies

Students should make concerted efforts to communicate regularly with the thesis chair or scholarly project advisor. No activity related to a thesis or project should proceed without the knowledge and consent of the chair or advisor. For example, a student must submit institutional review board (IRB) applications to the chair or advisor before submitting to any IRB. Collection of data must not begin without IRB approval(s) from all appropriate institutions.

If a student or chair/advisor is dissatisfied with the progression of a thesis or project, the student and faculty member should first make every effort to work out differences or resolve difficulties. If resolution is not satisfactory, the student or faculty member should appeal to the Program Director for assistance and possible resolution. The Dean of the School of Nursing should then be consulted if necessary to achieve resolution.

Group Projects

Group projects are allowed. The faculty must ensure equitable, comparable graduate-level contributions by all members of a group. Each student must demonstrate comprehensive understanding of the total effort, and demonstrate high-level evaluation and synthesis. The group must guard against assigning rote or procedural tasks to some members while assigning synthesis to other members.

Thesis Chair Responsibilities and Scholarly Project Advisor Responsibilities

Thesis Chair, MSN Program

Thesis Chair Responsibilities

◊ Ensure that the MSN student engages in a thesis process consistent with high quality master's level work.
◊ Ensure that the student submits a written document that reveals critical thinking, evaluation and synthesis, and appropriate professional format.
◊ Ensure that the student orally defends the thesis in a professional and timely manner:
   ◊ By the published thesis deadline.
   ‡ Ensure that the student orally defends the thesis in a professional and timely manner.
◊ Review and provide timely feedback (maximum of 2 weeks turn around time) on documents submitted by the student.
◊ Attend student thesis committee meetings
◊ Advocate for the student when necessary, eg.:
   ◊ Committee disagreements
   ◊ Committee members are untimely or overly critical
◊ Make final decisions in cases of disagreement among committee members
◊ Collaborate with the student regarding committee composition
◊ Guide student in IRB submission(s).
◊ Collaborate with the student in room and audiovisual arrangements for thesis defense.

Thesis Committee Member, MSN Program

Responsibilities

◊ Assist in ensuring that the MSN student engages in a thesis process consistent with high quality master's level work.
◊ Assist in ensuring that the student submits a written document that reveals critical think-
ing, evaluation and synthesis, and appropriate professional format.
◊ Assist in ensuring that the student submits a completed thesis in a timely manner:
◊ Assist in ensuring that the student orally defends the thesis in a professional and timely manner.
◊ Review and provide timely feedback on documents submitted by the student.
◊ Attend student thesis committee meetings.
◊ Assist with other related activities as requested by the thesis chair.

Scholarly Project Advisor, MSN Program

Scholarly Project Advisor Responsibilities
◊ Maximum of 2 students per project.
◊ Ensure that the MSN student engages in a project process consistent with high quality master's level work.
◊ Ensure that the student completes a scholarly project that reveals critical thinking, evaluation and synthesis, and appropriate professional format.
◊ Ensure that the student submits a completed project in a timely manner.
◊ By the published project deadline.
◊ Final product of the project will be decided upon by the Advisor in collaboration with the student
◊ Ensure that the student publically presents the project in a professional and timely manner to an appropriate audience.
◊ Collaborate with the student in arrangements for the presentation-location, room, and audiovisuals
◊ Review and provide timely feedback on documents submitted by the student.
◊ Advocate for the student when necessary, eg.:
◊ Committee disagreements
◊ Committee members are untimely or overly critical
◊ Make final decisions in cases of disagreement among committee members
◊ Collaborate with the student regarding committee composition (no more than 2)
◊ Guide student in agency collaboration(s)
◊ In cases where two students may be involved in a group project, the project advisor must ensure that each student participant:
◊ Contributes equitably to the project
◊ Develops global understanding of the project in its entirety
◊ Explains and justifies the full nature of the project's process and outcomes
◊ Engages in evaluation and synthesis processes
◊ Participates equitably in dissemination of project outcomes

Scholarly Project Faculty Consultant, MSN Program

Scholarly Project Faculty Consultant Responsibilities
◊ An additional faculty member consulted on a student's project, if desired by the Scholarly Project Advisor &/or MSN student
◊ Assist in ensuring that the MSN student engages in a project process consistent with high quality master's level work.
◊ Assist in ensuring that the student completes a scholarly project that reveals critical thinking, evaluation and synthesis, and appropriate professional format.
◊ Assist in ensuring that the student submits a completed project in a timely manner:
◊ By the published project deadline in the graduate catalogue.
◊ Assist in ensuring that the student publically presents the project in a professional and timely manner to an appropriate audience.
◊ Review and provide timely feedback on documents submitted by the student.
PROCESS FOR THESIS

Consultation with thesis chair and committee

Submit Proposal

Draft of thesis to thesis committee

Schedule oral defense

Oral Defense

Revise manuscript

Resubmit to thesis committee

Final draft accepted by School of Nursing
Approval pages signed

IRB submission(s) and approval(s)
SCHOLARLY PROJECT PROCESS

1. Consultation with scholarly project advisor
2. Submit project draft
3. Complete the project
4. Schedule oral presentation
5. Oral presentation to advisor and community of interest
6. Submit any artifacts of the project (documents, media, etc.)
7. Project accepted by scholarly project advisor
8. Dissemination of outcomes as appropriate
POLICIES AND PROCEDURES
THESIS AND SCHOLARLY PROJECT COMMITTEES

Thesis process and committee
✓ Thesis Chair must be one of the nursing graduate faculty.
  ✓ Per faculty limit on chairing - 4 (thesis or scholarly project)
✓ Three members total
✓ Members (2)
  ✓ May be from outside agencies
    ✓ Should have masters preparation
    ✓ Must submit a vita of qualifications to Program Director
  ✓ Must be approved by Program Director
✓ May be from other nursing graduate or undergraduate faculty at Union.
✓ May be from other university faculty at Union.
✓ Chairperson must approve final composition.
✓ Student is responsible for coordinating timing and location of meetings in collaboration with Chair and members.
✓ Consultants may be recruited at the student's discretion, but are not voting members of the thesis committee and do not ordinarily attend meetings.

Scholarly Project
✓ Scholarly Project Advisor (SPA) must be one of the graduate nursing faculty.
  ✓ Per faculty limit on advising scholarly project as main SPA - 4 (thesis or scholarly project)
✓ 1 - 2 members total, number on project advisory committee rests with the SPA.
  ✓ May be from other nursing graduate or undergraduate faculty
  ✓ May be from other university faculty
✓ Student is responsible for coordinating timing and location of meetings.
✓ Consultants may be recruited at the student's discretion, but are not voting members of the project advisory committee and do not ordinarily attend meetings.

MSN Student's Thesis or Scholarly Project Responsibilities
1. Constitute committee members in consultation with MSN Program Director and faculty.
  ✓ Select thesis/scholarly project chair by March 1.
  ✓ Arrange first meeting with committee chair to develop a timeline and communicate expectations.
  ✓ Select committee members.
  ✓ Complete the Student Thesis/Scholarly Project Committee Composition form and return to the committee Chair who will send original to Program Director.
  ✓ Arrange committee meetings in collaboration with Chair or Advisor.
  ✓ Get copies of all IRB guidelines from all necessary institutions for thesis and from any appropriate regulating bodies for scholarly projects.
2. Submit documents that reveal critical thinking, evaluation and synthesis, and appropriate professional format.
  ✓ Every draft should be in correct APA format.
  ✓ There should be no (or minimal) spelling and grammatical errors in each draft.
3. Revise documents as directed by the committee members.
  ✓ Provide chair and all committee members with all working copies of paper.
  ✓ If e-mailing paper and changes make sure that the chair and all committee members get copies of changes made by all members.
  ✓ Make sure that the chair has a copy of changes made by other committee members.
Specific guidelines for formatting scholarly projects will be determined by the chair in collaboration with student.

4. Submit in a timely manner proposals for thesis or project to appropriate regulating bodies: e.g., IRB(s), agency committees, officials.
   ✓ Make sure time line includes appropriate time for agency approvals.
   ✓ Know when IRB committees meet and how far in advance you need to submit proposal before the committee meets.

5. Complete thesis or scholarly project in a timely manner.
   ✓ Follow the time line established jointly with committee chair.
   ✓ Complete thesis/project by published deadline in the graduate catalogue.
   ✓ Final product of the scholarly project will be decided upon by the chair.
   ✓ Final product of the thesis is a bound manuscript.

6. Present or orally defend the project/thesis in a professional manner.
   ✓ Arrange meeting room and audiovisual equipment in collaboration with Chair.
   ✓ Invite any desired guests.

7. Other related activities as directed by Thesis Chair or Scholarly Project Chair.

Guidelines for Preparing A Thesis

General Instructions

The student must prepare the proposal manuscript consistent with the format of Publication Manual of the American Psychological Association (5th ed.), hereafter referred to as the APA manual. In general this means that the manuscript must have the components of a title page, abstract, table of contents, table of figures (if any), body with headings and subheadings, reference list, and appendices.

The student must adhere to standard rules of grammar and punctuation, most of which are given in the APA manual. Refer to a Standard English language text if necessary. Make full use of language tools available with most word processors (e.g. spell check, grammar check).

The APA manual contains a manuscript checklist in its appendices, which should be very helpful in complete preparation with APA format. All references must be cited in the manuscript. All citations in the text (with the exception of personal communications) must pair with a reference in the reference list.

Detailed Components of the Thesis

Follow APA guidelines for determining proper manuscript structure. The APA manual provides explicit instructions for using and formatting headings.

Chapter One—Introduction
Background Justification/Significance of the Proposed Study
Purpose of the Study
Conceptual Framework
Hypotheses and or Research Questions
Operational Definitions of Terms or variables
Summary

Chapter Two—Review of Literature
Introduction
Understanding of study variables
Discuss gaps in State of Knowledge of the thesis topic
Demonstrate how paper will build on other’s work
Summary

Chapter Three—Methods
Introduction
Research Design and Limitations
Sampling Design, Selection of Sample, And Sample Size Determination
Setting of the Study
Variables of the Study
Measurement of Variables
Reliability and Validity of Instruments
Data Collection Procedures
Data Analysis Procedures and Rationale
Protection of Human Subjects
Chapter Four—Results
Introduction
Description of sample
Summarize data—including tables and figures
Summarize statistical analysis @ including tables and figures
Hypothesis testing if applicable
Any additional exploratory analysis if needed

Chapter Five—Discussion
Introduction—summary of major findings
The general meaning of findings and relationship to previous work
Limitations of the generalizability of findings
Ways further research can overcome these findings
Implications for further research, practice and significance to nursing

References
Appendices
Copies of Instruments
Human Subjects Consent Form
Institutional Agreements
Other Relevant Materials and Documents

Guidelines For Preparing A Scholarly Project

General Instructions
The student must prepare the proposal manuscript consistent with the format of Publication Manual of the American Psychological Association (5th ed.), hereafter referred to as the APA manual. In general this means that the manuscript must have the components of a title page, abstract, table of contents, table of figures (if any), body with headings and subheadings, reference list, and appendix.

The student must adhere to standard rules of grammar and punctuation, most of which are given in the APA manual. Refer to a Standard English language text if necessary. Make full use of language tools available with most word processors.

The APA manual contains a manuscript checklist in its appendices, which should be very helpful in complete preparation with APA format. All references must be cited in the manuscript. All citations (with the exception of personal communications) must pair with a reference in the reference list.

Definition of a Scholarly Project
A scholarly project is the application of disciplinary knowledge in a specific setting with the intention of influencing measurable change. The target of change may be distinct groups of people or institutions. The target entity and methods of introducing change should be consistent with the functional role for which the student seeks advanced educational preparation. For example, a student in the nursing administration track may undertake to implement an innovation in staffing methodology. In this case the target entity could be identified as a department of an institution. A student in the nursing education track may seek to implement instruction in a new nursing care technology. In this case the target entity could be identified as a group of nurses responsible for carrying out the new care technology. These examples are given for illustration and do not exhaust the multiple possibilities for a scholarly project focus.

Detailed Components of the Scholarly Project
Follow APA guidelines for determining proper manuscript structure. The APA manual provides explicit instructions for using and formatting headings.

Section One—Significance of Project
Introduction
Background Justification/Significance of the Scholarly Project
Purpose / focus of the Scholarly Project
Conceptual Framework—Optional
Projected Aims/Outcomes
Operational Definitions of Outcome Measures
Review of the Literature—discuss gaps in state of knowledge of project topic
Section Two—Project Description and Outcome

Methods
Detailed Description of the Scholarly Project
Setting of the Scholarly Project
Measurement of Projected Outcomes
Reliability and Validity of Measures
Evaluation Analysis Procedures and Rationale
Ethical Concerns and Institutional Agreement(s)

References

Appendices
Copies of Application Instruments
Copies of Outcome Evaluation Instruments
Institutional Agreements
Other Relevant Materials and Documents

Policies Regarding Seminar Practicum Preceptors and Sites
✓ Preceptors should be masters-prepared.
✓ Union University must have a clinical contract with the agency where you precept. If a contract is not already in existence, Union will need to initiate.
✓ Preceptors must be approved by the graduate nursing faculty.
✓ Students may recruit preceptors and sites.
✓ Students may seek assistance from nursing faculty in recruiting preceptors.
✓ In cases of disagreement, faculty decisions are final.
School of Nursing Sponsored Organizations

Nu Lambda is a chapter of Sigma Theta Tau International, the Nursing Honor Society. Its purposes are to recognize superior achievement, to develop leadership qualities, to foster high professional standards, to encourage creative work, and to strengthen commitment to the ideals and purposes of the profession. Membership is by invitation to undergraduate students, graduate students and community leaders. The criteria for induction of graduate students are completion of one-fourth of the required nursing curriculum and a GPA of 3.5 or greater. After graduation, students continue their membership in the society as alumni.

The Baptist Student Nursing Fellowship is open to all nursing and pre-nursing students. It provides Christian fellowship, professional educational programs, and service activities; it encourages nursing practice evolving from a personal commitment to Jesus Christ. Meetings are monthly.

MSN students are strongly encouraged to hold membership in the American Nurses Association (ANA) -Tennessee Nurses Association (TNA).