Image is part of a profession. It is the way a person appears to others, or in the case of a profession, the way that profession appears to other disciplines and to the general public—consumers of health care. Image and the perception of the profession impact recruitment, the view of the public, funding for nursing education and research, relationships with healthcare administrators and other healthcare professionals, government agencies and legislators at all levels of government, and ultimately, the profession’s self-identity. Just like individuals may feel depressed or less effective if others view them negatively, professionals can experience similar reactions if their image is not positive. It impacts everything the profession does or wishes to do.

**Visibility: Good or Bad?** “Although nurses comprise the majority of healthcare professionals, they are largely invisible. Their competence, skill, knowledge, and judgment are as the word ‘image’ suggests only a reflection, not reality”. The public views of nursing and nurses are typically based on personal experiences with nurses, which can lead to a narrow view of a nurse often based only on a brief personal experience. This experience may not provide an accurate picture of all that nurses can and do provide in the healthcare delivery process. In addition, this view is influenced by the emotional response of a person to the situation and the encounter with a nurse. But the truth is that most often, the nurse is invisible. Patients may not recognize that they are interacting with a nurse, or they may think someone is a nurse who is not. When patients go to their doctor’s office, they interact with staff, and often these patients think that they are interacting with a registered nurse. When in the hospital, patients interact with many staff members, and there is little to distinguish one from another, so patients may refer to most staff as nurses. This does not mean that the public does not value nurses quite the contrary. When a person tells another that he or she is a nurse, the typical response is positive. However, many people do not know about the education required to become a nurse and to maintain current knowledge, or about the great variety of educational entry points into nursing that all lead to the RN qualification. Consumers generally view nurses as good people who care for others.

Nurses Week is also used as an opportunity to recognize nurses in practice and to advertise the profession of nursing, increasing its visibility and portraying a positive image. During Nurses’ Week, healthcare organizations typically hold special celebrations to honor nurses, give out awards for leadership and other accomplishments, and announce via the media (such as local newspapers, radio, and TV) how proud they are of their nurses. Stories and photos that are provided to the media tend to focus on caring a nurse holding a patient’s hand or talking to a patient. This is not to say that this type of image is not important in nursing, because it is; however, it portrays a limited image of nursing. There is less recognition of the other complex professional aspects of nursing. The critical question about the visibility of nursing is: Who is driving the image and its accuracy?

**Why Is It Important for Nurses to Be More Visible?**

There is limited recognition that nursing is a scientific field. The profession needs to be more concerned about visibility because nursing is struggling to attract qualified students and keep current nurses in practice. The nurse’s voice is typically silent, and this has demoralized nursing. This is a strong statement and may be a confusing one.
What is the nurse’s voice? It is the “unique perspectives and contributions that nurses bring to patient care”. Nurses have been silent about what they do and how they do it, but this has been a choice that nurses have made—to be silent or to be more visible. External and internal factors have impacted the nurse’s voice and this silence.

The external factors are:
- Historical role of nurse as handmaiden (not an independent role)
- Hierarchical structure of healthcare organizations (has often limited the role of nursing in decision making)
- Perceived authority and directives of physicians (has limited independent role of nurses)
- Hospital policy (has often limited nursing actions)
- Threat of disciplinary or legal action or loss of job (might limit a nurse when he or she needs to speak out—advocate)

Nurses who can deal with the internal factors can be more visible and less silent about nursing. The internal factors to consider are:
- Role confusion
- Lack of professional confidence
- Timidity
- Fear
- Insecurity
- Sense of inferiority

This loss of professional pride and self-esteem can also lead to a more serious professional problem: Nurses feel like victims and then act like victims. Victims do not take control, but rather see others in control; they abdicate responsibility. They play passive-aggressive games to exert power. This can be seen in the image of nurses, which is predominantly driven by forces outside the profession. This also has an impact on the nurse’s ability to collaborate with other nurses and other healthcare professionals. It is much easier for nurses to feel like victims, and this has also had an impact on nurses viewing physicians in a negative light, emphasizing that physicians have done this to us. As a consequence, nurses have problems saying that they are colleagues with other healthcare professionals and acting like colleagues.

Colleagues:
- Do not let interprofessional or intraprofessional competition and antagonism from the past drive the present and future
- Integrate their work to provide the best care
- Acknowledge that they share a common goal: quality patient care
- Recognize interdependence
- Share responsibility and accountability for patient care outcomes
- Recognize that collegial relationships are safe
- Handle conflict in a positive manner

What is unexpected is how nurses’ silence may actually have a negative impact on patient care. This may influence how a nurse speaks out or advocates for care that a patient needs; how effective a nurse can be on the inter-professional treatment team; and how nurses participate in healthcare program planning on many levels. Each nurse has the responsibility and accountability to define himself or herself as a colleague, and empowerment is part of this process.

Visibility also has an impact on consumers and how they view nurses. As health care changes nurses need to be actively involved in this process in policy and funding decisions, particularly any changes that impact nursing care but also broader healthcare issues. If nurses are not viewed as vital members of the healthcare team and are seen only as team members who hold a patient’s hand or serve as angels of mercy, they will not be more visible in the critical process of change. Health policy and advocacy, which is directly impacted by the visibility of nursing.

How Do Nurses View Themselves?
Current data indicate that the number of nurses is very high compared with other countries, and the number is growing, but still there is a shortage. However, there has been a temporary improvement in the shortage. In a survey of nurses, asking questions about what the nurse participants thought...
mattered. A total of 331 nurses responded to the following issues and questions:
1. How we present ourselves to patients and families
2. How we dress
3. How skilled we appear to be at our jobs
4. Misinformation from TV and other media
5. Whether we introduce ourselves as nurses
6. How we appear to get along with co-workers
7. Whether we belong to the Nurses Association.
8. How we act around the nursing station, and so on
9. Whether the patients and families feel that we care
10. How easily the patients and families can read staff name tags

The results indicated that nurses thought Items 1–6, 8, and 9 were 75–98% important to the image of nursing. Forty-five percent thought that item 10 had a great effect on image, and 17% thought that item 7 had a great effect on image. Most of the nurses in the sample were older than 30 years of age, with only 9% younger than 30, and 59.3% had more than 10 years of experience. The nurses were asked what change in nursing they thought would be the most important. Though the responses were varied for all 10 items, 8% indicated that dress was most important, and 3% responded that changing nurses’ attitudes was most important. One conclusion from this result could be that the participants did not have a consensus opinion about what might improve the image of nursing. There is increasing interest in understanding and improving the image of the nursing profession.

Assessing Image and Increasing Visibility
How do the public, government agencies, and other healthcare professionals learn about nursing? How do those who might want to enter the profession learn about nursing? Where could one get an accurate snapshot of nursing?

Advertising Nursing
Schools of nursing and employers use advertising to recruit students and staff, and professional organizations advertise to make nursing more visible. The profession needs to understand why it is necessary to advertise nursing. Goals for any initiative need to come from understanding the need, and goals for advertising nursing are no different. There are a number of reasons for advertising nursing. First, of course, is the need to attract more qualified people to nursing and to attract minorities and men to the profession. Second, advertising has an impact on other groups that need to know about nursing, what nurses do and the impact that nurses have on health care and outcomes. These groups include policy makers, healthcare organizations, insurers, educators, school counselors who may direct students into nursing, and the consumer. Given these two clear needs, any advertising campaign should offer messages to multiple groups. Even when a school of nursing uses advertising to recruit students, it also advertises about nursing in general to the public. This makes the advertising complex. The preceding exemplar illustrates one complex, multipronged campaign that has received positive and negative reviews.

The Role of Media
The media really influence the image of nursing. “The news media can confer status upon issues, persons, organizations, or social movements by singling them out for attention. Audiences apparently subscribe to the circular belief that if something matters, it will be the focus of mass media attention”. Today, the media is a powerful force. Through a great variety of media methods, people can find information quickly; it is accessible anywhere, even on a cell phone. The media focuses not only on news but also on related information in broad areas, including health care. The media is interested in more than the news and weather. But if the media is to accurately portray nursing as more than just caring, nurses must provide the information to inform the public about nursing actions and activities and not be shy about taking credit when deserved. Media: Television, Radio, Film, Internet, Books, and Magazines

Healthcare issues can be found in all types of news and entertainment media (film and television), and in other forms of media, including publications such as magazines and books. How much is
focused on nursing, and how is nursing portrayed? How can the profession keep up with the media and know what the trends are? This is very important because the profession needs information about the current media image(s) of nursing in order to advocate for change if it is required.

Any nurse who becomes involved with the media needs to remember that he or she is an expert and thus must demonstrate professionalism and expertise. Reminding oneself that the public trusts nurses may help decrease anxiety when interacting with the media. Certainly, preparing for an interview is important, and if the topic is known, one can consider what types of questions might be asked. Most people who are interviewed by the media have an agenda the message that they want to communicate through the media to the audience, which is usually more than just understanding an issue and action is usually a goal. Listening carefully to the question is very important because it often indicates what the reporter thinks about the issue. At no time should the nurse interviewee become angry or defensive, even if the reporter gives good reason for this type of response. Keeping anger and defensiveness under control is important. A thoughtful, clear answer is the best approach, one backed up by facts. If the answer to a question is not known, the nurse should say so and then follow up with required information. Many nursing organizations provide information and training for nurses who may become involved with the media and are looking for nurses who want to do this type of work for the profession.

Three tiers or modes of communication that are important to consider when educating the public about nursing:
1. Public communication through professional self-presentation
2. Public communication through anecdotal descriptions of nursing
3. Public communication through the mass media

Initiatives That Impact Image

Is the profession adequately influencing how nursing is viewed and maximizing its visibility? Influence is related to power the power to cause others to agree to a certain direction. Influence is tied to image. “Your identity as a nurse goes with you wherever you are whether you are aware of it or not. How we present ourselves is an outward expression of our inner experience. Our beliefs about ourselves color all that we do and say”. Influence is related to how a person communicates with, and gains support from, others. Influence requires relationships, because it happens between people. A person can be influential in one area but not in others. For example, a nurse with expertise in pediatric nursing may be able to influence policymakers about a new policy related to child health but have no influence when it comes to funding education for nurse anesthetist programs.

“How can nurses end the silence about nursing and tell a credible compelling story about their work?”

1. Nurses must inform the public about nursing.
2. Every nurse must make public communication and education about nursing an integral part of his or her nursing work.
3. Nurses must communicate in ways that highlight nurses’ knowledge rather than their virtues.

Nursing Initiatives to Address the Visibility of the Profession

The nursing profession has developed a number of initiatives to focus on the profession and its needs image, the nursing shortage, and the nursing faculty shortage. These issues are interconnected. When developing these initiatives, the profession is standing up for change and directing its own public image.

Nurses for a Healthier Tomorrow

The healthcare organizations that work together in developing a communications campaign to attract people to the nursing profession. The goal of this campaign is to address the nursing shortage from the standpoint of the faculty shortage. If there are not enough nursing faculty members, schools of nursing cannot admit more students.

Raise the Voice Campaign

Raise the Voice, to increase the visibility of nursing. in other words, to seek opportunities to
participate in interprofessional and corporate boards by first inviting others to meet with nursing leaders. Nursing no longer needs to wait to be invited but should call the meeting. These activities raise the voice of nursing and increase its visibility.

The Future of Nursing: Leading Change, Advancing Health

The nurses assume more leadership roles in healthcare delivery in all settings, i.e., individually and as a profession, to embrace changes needed to promote health, prevent illness, and care for people in all settings across the lifespan. This clearly elevates the image of nursing and recognizes that the profession has a major role to play.

Strategies That Impact Image
Generational Issues in Nursing: Impact on Image

Generational issues are important because the generations are part of the image of nursing. When a person thinks of a nurse, what generation or age groups are considered? Most people probably do not realize that there is not one age group, but several. Nurses in these four generations are different from one another. What impact does this have on the image of nursing? This means that the image of nursing is one of multiple age groups with different historical backgrounds. How they each view nursing can be quite different, and their educational backgrounds vary a great deal, from nurses who entered nursing through diploma programs to nurses who entered through baccalaureate programs. Some of these nurses have seen great changes in health care, and others see the current status as the way it always has been. Technology, for example, is frequently taken for granted by some nurses while others are overwhelmed with technological changes. Some nurses have seen great changes in the roles of nurses, and other nurses now take the roles for granted—for example, the advanced practice nurse. If one asked a nurse in each generation for his or her view of nursing, the answers might be quite different. If these nurses then tried to explain their views to the public, the perception of nursing would most likely consist of multiple images. The situation of multiple generations in one profession provides opportunities to enhance the profession through the diversity of the age groups and their experiences, but it also has caused problems in the workplace. What are the characteristics of the groups? How well do they mesh with the healthcare environment? How well do they work together?

Power and Empowerment

Power and empowerment are connected to the image of nursing. How one is viewed can impact whether the person is viewed as having power to influence, to say what the profession is or is not, and to influence decision making. Nurses typically do not like to talk about power; they find this to be philosophically different from their view of nursing. This belief, viewing power only in the negative, acts as a barrier to success as a healthcare professional. But what are power, powerlessness, and empowerment? To feel like one is not listened to or not viewed positively can make a person feel powerless. Many nurses feel that they cannot make an impact in clinical settings, and they are not listened to or sought out for their opinion. This powerlessness can result in nurses feeling like victims. This feeling can act against nurses when they do not take on issues such as the image of nurses and when they allow others to describe what a nurse is or to make decisions for nurses. All this only worsens their image. What nurses want and need is power—to be able to influence decisions and have an impact on issues that matter. It is clear that power can be used constructively or destructively, but the concern here with the nursing profession is in using power constructively. Power and influence are related. Power is about control to reach a goal. “Power means you can influence others and influence decisions.” The type of power has an impact on how it can be used to reach goals or outcomes.

Types of Power

- **Informational power**: Arises from the ability to access information and share information.
- **Referent power**: A type of informal power that
exists when others recognize that a person has special qualities and is admired; others are willing to follow that person.

- **Expert power:**
  A person is respected for his or her expertise, and others will follow. The person may or may not be in a management position; staff may follow another staff member because they feel that person has expertise.

- **Coercive power:**
  Power is based on punishment when someone does not do what is desired; the result might be loss of raise or promotion, which is a decision made by a supervisor who has formal power.

- **Reward power:**
  When a person’s power comes from his or her ability to reward others when they do as expected. In this case, the person would have to be in a position of authority for example, a manager.

- **Persuasive power:**
  This type of power occurs when a person uses persuasion to influence others.

**Empowerment** is an important issue with nurses today. To empower is to enable to act a critical need in the nursing profession. Basically, empowerment is more than just saying you can participate in decision making; staff need more than words. Empowerment is needed in day-to-day practice as nurses meet the needs of patients in hospitals, in the community, and in home settings. Empowerment also implies that some may lose their power while others gain power. Staff who experience empowerment feel that they are respected and trusted to be active participants. Staff who feel empowered also demonstrate a positive image to other healthcare team members, patients, and their families, and the public. Nurses who do not feel empowered will not be effective in demonstrating a positive image in that they will not be able to communicate that nurses are professionals with much to offer. Empowerment that is not clear to staff is just as problematic as no staff empowerment. Empowered teams feel a responsibility for the team’s performance and activities this can improve care and reduce errors. Control over the profession is a critical issue that is also related to the profession’s image. Who should control the profession, and who does? This is related to independence and autonomy key characteristics of any profession. But a key question continues to be, What should be the image of nursing? Nursing as a profession does not appear to have a consensus about this image, given that the types of advertising and responses to these initiatives vary. Nursing needs to control the image and visibility of the profession and, in doing so, may have more control over the solutions for the following four issues:

1. If nurses had a more realistic image, it would be easier to support the types of services that nurses offer to the public.
2. If nurses had a more realistic image, it would be easier to support an entry-level baccalaureate degree to provide the type of education needed.
3. If nurses had a more realistic image, it would be easier to support the need for reimbursement for nursing services, which are much more than hand-holding.
4. If nurses had a more realistic image, it would be easier to participate in the healthcare dialogue on the local, state, national, and international levels to influence policy.

**Assertiveness**

Assertiveness is demonstrated in how a person communicates direct, open, and appropriate in respect of others. When a person communicates in an assertive manner, verbal and nonverbal communication is congruent, making the message clearer, and often includes “I” statements. Assertive and aggressive communications are not the same. Assertive persons are better able to confront problems in a constructive manner and do not remain silent. The problems that the profession has with image have been influenced by nursing’s silence the inability to be assertive.

1. Avoid over apologizing.
2. Avoid defensive, adverse reactions, such as aggression, temper tantrums, backbiting, revenge, slander, sarcasm, and threats.
3. Use body language—such as eye contact, body posture, gestures, and facial expressions—that
is appropriate to and that matches the verbal message.
4. Accept manipulative criticism while maintaining responsibility for your decision.
5. Calmly repeat a negative reply without justifying it.
6. Be honest about feelings, needs, and ideas.
7. Accept and/or acknowledge your faults calmly and without apology.

Other examples of assertive behavior are:
- Expressing feelings without being nasty or overbearing
- Acknowledging emotions but remaining open to discussion
- Expressing self and giving others the chance to express themselves equally
- Using I statements to defuse arguments
- Asking and giving reasons

Advocacy
Advocacy is speaking for something important, and it is one of the major roles of a nurse. Typically, one thinks of advocacy for the patient and family; however, nurses also need to be advocates for themselves and for the profession. To do this successfully, nurses need to feel empowered and be assertive. All nurses represent nursing—acting as advocates—in their daily work and in their personal lives. When someone asks, “What do you do?” the nurse’s response is a form of advocacy. The goal is to have a positive, informative, and accurate response.

Professional Presentation: Increasing Visibility and Professional Growth
How might you represent the profession? Every nurse represents the profession every day at work. The image of the profession is communicated through dress, appearance, name tags and credential identification, how one communicates and introduces oneself, and how one performs and provides care. Nurses also represent the profession inn on work settings and in their personal lives as soon as they say that they are an RN. People then look at nurses differently and most likely have certain expectations. Most nurses have experienced being asked many health questions by family members and consumers who want advice even though the nurse is not in a working role. Nurses have to know how to respond to these questions and be professional in their response. Nurses who complain about their work or joke about patient care issues when they think they are in a neutral situation, such as a social setting, are still representing the profession. Consumers will take note of these comments and nonverbal communication. Nurses really never stop being nurses no matter what role or occupation they are in; this is a characteristic of a profession, just like a physician or a lawyer is never not a physician or lawyer even if his or her main job is as an editor or legislator. What are some issues that might come up as a nurse becomes a visible representative of the profession?

What Do You Wear to Work as a Nurse? If one took a tour of a hospital today, could RNs be easily identified? Most likely they cannot be easily identified. In fact, it can be difficult to identify the roles of any staff members in the hospital, from the doctors and nurses to the staff who clean the units. Nurses’ uniforms have changed over time. The image of the nurse in a white uniform typically a woman in a dress with a cap and white stockings and shoes is long past. Prior to the all white uniform, the nurse’s uniform was gray or blue, similar to a nun’s habit and to the uniforms worn during Florence Nightingale’s time (Tobin, 2006). But in the 1980s, even the all-white uniforms (dresses) began to change. White pantsuits became more common, and soon after that, scrub became the uniform of the day and continue to be. Why scrubs? They are cheaper, easier to clean, and more comfortable. Colors are wide open, and in some cases, lab coats are worn over the scrubs. At the same time that nurses began to wear scrubs, others who worked in health care also changed to scrubs, adding to the confusion. How comfortable are adult patients when a nurse comes in wearing scrubs with animals or cartoon characters and informs the patient that he or she will be the patient’s nurse for the day? What impression does this give? Another problematic aspect of this change in uniform is less employer control over dress code; consistency is
now lacking in a dress and appearance code: Hair length and style, appropriate jewelry, and style of shoes are not as carefully assessed. One can see scrubs that look like they just came out of the washer, wrinkled and thrown on in haste. Hospitals are full of staff who all look alike; wearing scrubs in different colors and patterns, with or without lab coats, but mostly all in scrubs. Staff, patients, families, and visitors cannot tell one type of staff member from another. The results of a 1997 study about uniforms indicated that the best first impression was given by a white-pants and top uniform with a stethoscope rather than colored scrubs or white pants with a colored top, both of which scored lowest. From 2001 to 2006, some hospitals returned to requiring that RNs wear all white, even if all-white scrubs, and limiting white to just RNs; however, this is not common. Some hospitals will not allow staff to wear these clogs because there is concern about infection control and, in some cases, static electricity buildup. Body fluids and needles might drop into the holes in the shoes, representing a safety risk. The goal is to prevent infection, maintain health and safety, and maintain a professional image.

Representing the Profession: Public Communication Skills
Nurses represent the profession in a variety of settings. The most common place is in professional meetings, typically nursing meetings. Nurses need to participate more in interprofessional meetings where they represent the profession. In doing this they could do much to improve the image of nursing with other healthcare professionals, communicating what nurses can do. Presentations require certain skills, including developing a clear message verbally and nonverbally; using effective presentation methods such as PowerPoint slides; using storytelling during presentations; demonstrating a professional physical appearance (dress, body language, and so on); and generally demonstrating competency in delivering presentations. Nurses who want to take an active role in the profession should develop these skills. It is important that nurses acknowledge their credentials when they are listed in programs and introduced. Some nurses also speak to consumer focused groups such as parent–teacher associations, disease-focused organizations, religious groups, and community organizations. Consumers who learn from nurses about health care will have a better understanding of the complex role of nursing. Some nurses speak directly with the media. All these efforts increase the awareness of nursing among the public and other healthcare professionals.

Conclusion
What can individual nurses do to influence the image of nursing? It is often easy to assume that professional issues, such as the image of nursing, are only the concern of the profession as a whole. However, many nursing issues require individual nurses to take action in response. The image of nursing is certainly influenced by broad concerns, such as content in television, film, or advertising. But much of the image of nursing comes from the day-to-day personal contact that the public has with nurses and that the nurse has with other healthcare professionals in the workplace. The following are some actions that individual nurses should consider:

- Critically assess the actions you take that might impact the image of nursing.
- Maintain dress standards that communicate a professional image. Healthcare organizations need to review and revise dress codes and enforce them.
- Consider what you say when you complain about work in the work setting and in your personal life.
- Consider how you would respond to the question, “Why didn’t you go into medicine?”
- Do you speak with enthusiasm about your work and about being a nurse?
- How do you present yourself to patients and family members? Do you give your full name? Do you say you are an RN? Do you let them know your role?
- Nonverbal communication can sometimes be more important than verbal communication. What are people seeing when you talk about nursing?
Write letters when you read about, see, or hear nurses portrayed in a negative light in the media. Include information about the positive qualities of nurses and what nurses do. Do not forget to describe the education that is required to be a nurse.

Define unacceptable workplace behaviors and hold staff accountable.

Educate, public knows the little about nursing except to say that nurses care for patients. The public needs to know about the high level of education and technological competency required, the different levels of nursing education, including graduate school programs, different nursing roles, and the impact that nurses have on patient outcomes. Post, circulate, and advertise nursing’s accomplishments. For example, submit articles to local newspapers about what the profession is doing. Speak to civic and community groups about nursing.

Learn communications skills so that you are empowered to respond to negative comments in a manner that stops behaviors that negatively impact the nursing image.

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MAHARASHTRA NURSING COUNCIL
Clinical training as the core of nursing education is a significant and essential component for development of professional nurses. Nursing is considered as caring for a person in a variety of health related situations. Hence, nurses play a key role in promoting higher standards of health. In recent years nursing education has undergone a period of major change in many countries through integrating with universities. New system of training was introduced, which ensured that nursing students obtained sufficient exposure to theoretical content. But this system caused students to spend more time at colleges and universities and less time at hospitals thereby separating theory from practice. This system also proved unable to integrate theory and practice adequately because tutors were based in colleges and not in hospitals and communication between the colleges and clinical departments was apparently ineffective. Theory and practice cannot be separated. Clinical experience has been always an integral part of nursing education. It prepares student nurses to be able of “doing” as well as “knowing” the clinical principles in practice. The clinical practice stimulates students to use their critical thinking skills for problem solving but there is a yawning gap between theory and practice in nursing because what is taught in the classroom is not exactly practiced in the clinical setting.

What can be done to make clinical practice experiences in academic nursing education more relevant to clinical nursing practice? Focusing on the role of the nurse teacher. The quality clinical practice delivered through clinical instructor is dynamic to the success of clinical education and has direct impact on the quality of nursing to ensure students achieve positive outcomes in the clinical settings as well as in future practice. Therefore, the clinical instructors as a cornerstone of nursing education plays an essential role in preparing nursing graduates for their role as competent, capable and caring nurses. Now a day’s many nursing instructor are inexperienced and not competent in clinical training and clinical supervision. The consequence of the instructor’s insufficient scientific capability was losing her credibility in front of the personnel and students. Therefore the ward personnel did not allow either the instructor or students to do any work so; learning opportunities would be lost for students. Nurse educators to look at new ways to facilitate learning in the clinical area. The content studied in the classroom correlates with what the student experiences on the ward. Provides the students an opportunity to apply concepts learned in class, practice skills learned in lab, and interact with patients, families, and other nurses. A major challenge to the nursing profession is to find ways of merging theory and practice in the delivery of nursing education and patient care. For achieving this goal is for clinical instructor to spend time in clinical practice; updating their clinical skills and re-experiencing the realities of practice. Second, various problems continued to occur in clinical teaching situations. These problems included: (1) a lack of student involvement during clinical teaching, (2) deficiencies in clinical teaching of students during clinical practice, and (3) insufficient accompaniment of students in the clinical area. Initial clinical experience was the most anxiety producing part of student. The result of student’s views toward clinical experience showed that they were not satisfied with the clinical
component of their education. Nursing students receive instructions which are different to what they have been taught in the classroom. They experienced anxiety as a result of feeling incompetent and lack of professional nursing skills and knowledge to take care of various patients in the clinical setting and this anxiety has effect on their performance. Faculties of nursing need to be concerned about solving student problems in education and clinical practice. Developing confidence is an important component of clinical nursing practice. Development of confidence should be facilitated by the process of nursing education; as a result students become competent and confident.

The current education system is not functioning properly to transfer knowledge to students. The clinical learning experience (hospital) is located at the near to center of nursing education it is effective to development of professional nursing. The familiar clinical environment empowerment of nursing students to develop clinical competencies and socialization in nursing profession. In other hand patient availability, constantly changing clinical learning hospitals, transportation facilities less nursing staff support most important infusing factors on nursing students learning. And these factors contributing to the learning experiences can waste a great deal of time and energy impose heavy financial burden on educational system and cause mental familial and educational problem for students.

To understanding the reality of nursing the content studied in the classroom correlates with what the student experiences on the ward. It should also follow that if a gap exists between theory and practice, efforts should be taken for its reduction. The nursing faculty should initiate change in the curriculum with a focus on changing and improving nursing practice. The concept of ‘nuns becoming teachers’ have to be modified. Anyone and everyone cannot become a teacher. In order to provide exemplary education, students have to be taught by qualified and specialized educators. The last point is facilitating a student-centered environment and give student chance for training during clinical practice.