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Nursing Voice: Evolving, Regressing, or Status Quo?

Paquette LM*

Department of Nursing, University of Windsor, Canada

*Corresponding author: Leanne M. Paquette, Department of Nursing, University of Windsor, Canada, Tel: (519) 253-3000; Email: Leanne.Paquette@uwindsor.ca

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Abstract

The academic journey to becoming a professional nurse is simultaneously magnificent and burdensome. The world of healthcare is opened up for students and the amount of learning can definitely reach feelings of being overwhelmed. Classroom lectures and patient care opportunities contribute to new ways of interpreting experiences but are there adequate venues for students to knowledge share about these learnings? In particular, is there occasion for the students to articulate their knowledge or feelings confidently using a nursing voice? This commentary will discuss the concept of nursing voice and why it may be relevant to ensure that nursing students are equipped to speak with professional certainty.

Keywords: Covid-19 pandemic; Nursing education; Professional nurse

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I am currently in one of the most rewarding positions of my nursing career as a full time lecturer with the Faculty of Nursing, University of Windsor, Ontario; what an opportunity to give back to my profession. Influencing burgeoning novice nursing minds is a privilege, and in this role, I find myself conscious of how I portray my nursing voice. To clarify, the nursing voice, according to my own rendition, refers to the voice that is established in knowledge, seeks to offer compassionate responses, communicates empathetically, advocates for the marginalized, teaches to empower, and responds appropriately in areas of conflict resolution. In fact, this newer role for me has inspired the question of what is the nursing voice of today? Is it a silent frustration from the exhaustion of increased acuity and staffing shortages? Is it political advocacy? Is it digital? Is it professorship? Do students even know about the concept?

I began to take a closer look at the communication exchange that was occurring within the classroom. With lecture sizes often ranging between 80 and 200 students, the challenges for a nursing voice to develop may be limited to that which is represented in a scholarly paper. Although this is necessary to achieve the intended degree status, and certainly will benefit nurses should they pursue political advocacy through letter writing, it doesn't offer an opportunity to build confidence speaking with their colleagues. This bears relevance when you consider that the BScN program takes place over four years, and throughout that time, the opportunity to present or use a nursing voice occurs minimally at best. How are we to grow beyond the focus of a skill to ensure we can, with familiarity, assert our voices when needed? Are we unknowingly encouraging a silence to accommodate the many ways of knowing in nursing?

Furthermore, the infiltration of technology into the nursing profession shapes an urgency to promote the exercise of using one's nursing voice. Digital efficiencies can inform nurses about critical assessments or interventions, and yes, they can even communicate relevant health information but they should not be interpreted as the voice of the nurse. Similarly, [1]share sentiments of urgency as they explore the nursing voice through a lens of professional recognition. Specifically, they identify that the work of nurses is sparingly celebrated and often only referenced in the caring or compassionate delivery of services. More often, it is the work of the physicians that is prominently promoted.

The voice of the nurse is evolving but assurances must be in place to prevent it from suffering any regression into a comfortable silent hum of uncelebrated expertise. At every turn possible, I will foster opportunity for my nursing students to speak, and to grow in confidence. Incentives to simply address the class and

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offer the learning objectives for the day are available and can provide a stepping stone to the development of their nursing voice. Furthermore, many nursing students have been given the ability to be active participants in the provision of care during this Covid-19 pandemic and we (students and faculty) will grow professionally from listening to their nursing voice tell of the life changing moments they are experiencing. We must allow space for this type of contribution at the academic level if a student desires a moment to share.

Regardless of the technological expansion into the field of nursing, or of the classroom sizes, communication remains a corner

stone of nursing professional standards and like any other skill, it requires diligent practice. What better opportunity to empower the nursing voice than as leaders in education?

References

 Buresh B and Gordon S (2006) From silence to voice: What nurses know and must communicate to the public (3rd ed.). United States of America: Cornell University Press.