The path that leads to making a difference in someone's life each and every day.

http://www.youtube.com/watch?v=tdI2zSLob_Q&feature=related

Discourse community definition:
Discourse communities are essentially around us, and we may be part of several communities concurrently. According to James Porter, “a ‘discourse community’ is a group of individuals bound by a common interest who communicate through approved channels and whose discourse is regulated” (Porter 91). To complicate the system, there are also two different types of discourse communities—primary and secondary. A primary discourse “constitutes our original and home-based sense of identity, and it can be seen whenever we are interacting with intimates in totally casual social interaction”; secondary discourses, therefore, are “various non-home based social institutions—social institutions in the public sphere” (Gee 485). Since primary discourse communities are what a person is accustomed to and has grown up with, secondary communities may be more challenging to gain acceptance into and relate with. The nursing discourse community is considered a secondary discourse community according to James Paul Gee’s definitions.

Characteristics of a Discourse Community:
"A discourse community has a broadly agreed set of common public goals...mechanisms of intercommunication among its members...uses its participatory mechanisms primarily to provide information and feedback...utilizes and hence possess one or more genres in the communicative furtherance of its aims...has a threshold level of members with a suitable degree of relevant content and discoursal expertise...and in addition to owning genres, a discourse community has acquired some specific lexis (Swales, 471-73)"

Reflecting upon the six characteristics of a discourse community, the profession of nursing can fit with each topic. In nursing school, class and lecture objectives are clearly identified, which relates to the ‘agreed set of common public goals’. Also, nurses strive for the best, cost-effective, and holistic care of each and every patient. The goal of the profession is to enhance well-being and cure and manage infections or diseases. The nursing discourse community also deems continuing education and self-wellness valuable. This is one of the many participatory mechanisms that the group offers. Although examining in detail at a later point, genre is the medical terminology and jargon that nurses and other health care providers must use to communicate. Finally, to conclude the characteristics of a discourse community directly related to nursing, nursing must incorporate a ratio between a high level of expertise and new graduates. What one might find in the nursing profession is that more experienced nurses “eat their young”, meaning that the new graduate will need to be assertive and take a stand for themselves since he or she has every right to in a professional manner. The six characteristics of a discourse community are uncovered, but the main question is how to gain acceptance into the nursing discourse community itself.

Expectations of the Nursing Discourse Community:
Nurses gain entrance into the discourse community through one of several educational pathways. Such pathways may include a two year diploma program, associates or baccalaureate degrees, and many advance onto graduate school. Upon graduation, nursing students must take and pass the NCLEX board exam to become a Registered Nurse. According to Lis Wagner, “[new] nursing graduates often describe the transition from being a nursing student to being a registered nurse as stressful characterized by too heavy a workload and with too heavy a responsibility without sufficient peer and organizational support” (2011). This phrase shows that the transition from nursing student to actual Registered Nurse is not as pleasant and easy as one can fathom. The expectation is that the new graduate will bring new and innovative ideas to the healthcare workforce, and have ample autonomy. Nursing skills will also be fresh in a graduate’s mind, so the explanation behind Wagner’s statement is that although there is fresh knowledge and new found passion, there is a low level of expertise in the nursing discourse community. Besides the competency that is necessary, the nursing discourse community also has many other expectations. With competency in nursing skills reflected by the ridged educational curriculum, nurses must also have it in their personality to empathize and care for individuals across the spectrum. Without caring, there is an ineffective nurse. For example, one would agree that with a sudden death of a family member the nurse plays a vital role in comfort. If the opposite were true, the nurse would simply show no emotion and not offer any condolences. In the latter case, the family would lose trust and respect for the nurse. The family may even reconsider trust in the health care system, which could result in a larger issue. Caring is important in the nursing profession, but literacy is next in the line of importance.

Sample Text in Nursing Discourse Community:

DOCUMENTATION

Charting is done throughout the health care field, throughout the world. “If it has not been documented, it has not been done” is the common idea that health care providers value. Charting must be used with caution and precision, as it is a legal document. It helps eliminate unnecessary procedures, provides nurses with vital information concurrent with specific goals or measures, and provides information regarding reimbursement policies. Charting also reduces the chance for medication administration errors, which could result in life or death.

Other literary works are ideally peer-reviewed journal articles, and many nurses turn to these for evidence-based practice. Evidence-based practice is valued by nurses, and it is defined as “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients” (Scott & McSherry 1087). . The text must be in a professional manner since nursing is a professional field. The importance of literacy of medical and nursing abbreviations cannot be stressed enough. They are found virtually everywhere, whether on a scratch paper or in a textbook. Medical abbreviations are used as the universal language of health care providers, and without literacy, the nurse would not give the most effective care. They are sometimes misread, however, and devastating results could arise. For example, if one grain of medication is ordered, but a person misread the orders and gave one gram, medication would be incorrectly given.

Influence of Technology on the Nursing Discourse Community:

Technology is all around us, and it is changing and growing at an alarming rate. By 2014, the federal government has mandated that every American’s health records are electronic, which is not as successful as anticipated (Arnold & Boggs 490). Technology has allowed nurses and other health care providers to document almost instantaneously and accurately with individualized passwords and usernames. This
allows for privacy ever so pertinent to the Health Insurance Portability and Accountability Act (HIPAA). Technology in the health care field has also enabled efficient and successful procedures that otherwise would not be possible. This would encompass having the technology to perform brain surgery or using a defibrillator in the case of an emergency. With virtually any technology, however, technical problems or abuse may arise at any given point. This can interfere with documenting important information about the patient, obtaining crucial information about the patient, or not providing the intended results. Also, nurses could be tempted to cut and paste old information of an old chart for the sake of time. Confidentiality is also a major concern since computerized charting may be linked to a database or one may forget to log out or leave the workplace for others to view. Examples illustrating technical problems could include several repercussions such as if the ventilator would be problematic, a patient’s life would be at risk. At such times, critical thinking would be essential. Critical thinking is a skill that must be learned through practice, and ideas and definitions concerning critical thinking are found in many nursing textbooks and curriculums. Critical thinking is a high expectation that must be utilized to make the best clinical decisions and to potentially save a life.

Works Cited


