The expanding role: where do we go from here?

The Canadian Nurses' Association and the provincial nurses' associations have issued firm, unequivocal statements about the proposal to create a new health worker, and nursing leaders have had considerable success in presenting the profession's case to other professional groups, to various levels of government, and to the public. What happens next will depend to a large extent on the attitudes and actions of the individual nurse.

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Future historians of nursing will see this decade as one of tremendous enlargement in the scope and service of our profession. In the past years we have emerged from uncertainty and self-doubt about our role into an almost unprecedented degree of awareness and self-determination. At the same time, we have within our grasp an opportunity to participate in crucial decisions that could shape a whole new future for health care in Canada.

As members of a self-determining profession, we cannot afford to be passive observers. And no nurse who is aware of her own roots and who accepts her role as the pivotal element on the health team needs to feel threatened by change. The whole history of nursing is based on adaptation to social crisis and challenge.

When the Augustinian Hospitallers, the Ursuline sisters, and Jeanne Mance arrived in Canada over three centuries ago, they were the front line health professionals committed to serve the inhabitants of the New World. Since then, nurses have been and still are on the front line of health services and, although the practice of nursing has changed dramatically, the traditional commitment remains.

Our nursing ancestors had to deal with scarcity, primitive conditions, physical hardships, and danger. We have to deal with problems created by great technological riches and radically altered attitudes. In a sense, we are victims of our own technology and affluence, and the challenge today is to create a system that will guarantee health care to *every* citizen.

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If I may be permitted to make a nursing diagnosis, what we suffer from is fragmentation — fragmentation that could lead to depersonalization of care. What can we as nurses do to foster the ancient art of "caring" within today's complicated and sophisticated scheme of health care? We can begin by resisting, individually and collectively, the impetus to further complicate and fragment health care by introducing new categories of workers.

I am referring, of course, to proposals for the creation of a new category of health worker, popularly called a "physician's assistant." A MEDLARS search on the "physician's assistant" topic reveals through print-outs that the literature on the subject is increasing almost hourly. Conspicuously absent from this documentation is the one category that needs an assistant — the patient, whom we purport to serve.

Obstacles to overcome

In addition to the fragmentation and depersonalization of service to the individual, other obstacles block our efforts to give effective care to all citizens. These are:

- Separation of preventive (public health) and "curative" (hospital) services.
- Discrepancy between the resources — human and financial — made available to the preventive and "curative"

A bibliography on the topic of the physician's assistant and the expanded role of the nurse is available on request. Write to the Librarian, Canadian Nurses' Association, 50 The Driveway, Ottawa K2P 1E2, Ontario, Canada.

programs. Why are less than seven percent of nurses in Canada engaged in public health practice? Can we justify devoting only five percent of the health dollar to preventive services?

- Uneven geographical distribution of health personnel, and a late start on efforts to coordinate the overall supply and work of all health professionals.
- Uneven distribution and use of health facilities. Although Canada has gone far in reducing the economic barriers to health care, there are still serious gaps in home nursing, dental care, drug therapy, and so on.

The general public and some health professionals believe these obstacles are caused by an undersupply of personnel, particularly physicians. There is undoubtedly justification for this belief. Many in the low income group do not have family doctors and are experiencing increasing difficulty in making contact with a physician. The same complaint is also heard from the more affluent.

Today, when patients seek or are directed to a physician, they are usually confronted by overcrowded offices or clinics and long waiting periods; or, even worse, they are unable to get an appointment. Too often they receive only a few minutes of expert medical advice from a busy practitioner who has little time to give the necessary technical instruction, to say nothing of health teaching and preventive counseling.

It is easy to assume that this situation calls for an enlarged supply of doctors. Closer inspection, however, suggests that both the physician and the patient need assistance.

To a degree, this aid is now being provided in two different ways. First, highly specialized technical functions are performed by technicians or assistants who are trained to perform one task, such as testing for skin allergies, doing electrocardiograms, or applying plaster casts. Second, in remote settings, as in the Canadian North, nurses diagnose and treat a wide variety of medical conditions and supervise the general health of the community. Access to medical consultation and specialized care is by way of telephone, radio, and airplane.

These two — the specialized technician and the nurse practitioner — are quite different. The first is a technician whose competence does not depend on a comprehensive, sound, scientific background. The second is a generalist whose concern is for the welfare of the whole individual with sensitivity to the needs of the family and community. For competent practice, she requires a scientific background to enable her to recognize the significance of health problems encountered. The depth of her knowledge and the extent of her skills should match the nature of the task to be undertaken. This, in turn, rests on the needs and resources of the setting in which she serves.

Physician's assistant not needed

The critical question is whether the urban community, or indeed every community, needs the services of a new kind of generalist. If so, should that service be provided by enlarging the role of the nurse or, as proposed in the United States, by creating a new category of health professional — the physician's assistant?

This topic has consumed countless hours in the conclaves of professional organizations and departments of government. Too frequently, however, the issue has been confused by failure to distinguish between two different needs and the roles just described.

Discussion became less theoretical with the publication in November 1969 of the Task Force Reports on the Cost of Health Services in Canada, which had far-reaching implications for nursing.[1] This report recommended more rational and economic use of health care resources, including more efficient use of nursing personnel; the upgrading of managerial skills; an examination of alternative systems of care; and the setting up of a pilot project to train (and later evaluate) a class of physician's assistants. Concurrently, announcement of courses to train the new category aroused speculation and some anxiety.

The role of nursing and the proposed development of a new and separate category of health professional were major topics at the Canadian Nurses' Association general meeting in 1970. Resolutions were adopted directing CNA to develop a statement on the physician's assistant, and to urge the federal government to convene a national conference of health purveyors and consumers to discuss "more effective utilization of medical and nursing manpower to fill the unmet needs of Canadians . . . with special emphasis on the development of complementary roles for nurses and physicians."[2]

Nurses across Canada — and particularly the CNA board of directors — studied these questions in depth. In October 1970, the CNA board issued an official statement on the proposed creation of a new catagory of health worker, and asserted that health needs could be met more effectively and economically by expanding the role of the nurse.

CNA's pronouncement stated that nurses constitute a large and ready pool of health professionals who, with little or no added training, could assume greater responsibilities. Public health nurses, in particular, already carry out many functions suggested for the proposed physician's assistant, and many other university-prepared nurses do not now realize their full potential.

Nurses seeking employment in a number of Canadian cities would be

readily available if new roles existed, and it would be less costly to provide short courses for nurses than to fund programs to prepare a totally new category. CNA urged that immediate action be taken to use nursing potential to its fullest capacity in relation to primary, continuing, preventive, and specialized care. The association also recommended that research and demonstration projects be undertaken to assess the feasibility of an expanding role for nurses.

This statement was addressed to the minister of national health and welfare and circulated widely to government agencies at all levels, to other professional groups, to consumer representatives, and to key individuals.

Last April, a conference on "Assistance to the physician: the complementary role of the physician and nurse," was convened in Ottawa by the department of national health and welfare with the cooperation of the CNA, the Canadian Medical Association, and the Canadian Association of Consumers. Most participants invited to the conference were doctors, nurses, and consumers.

Nurses from all regions of Canada played a major role in this conference both as planners and participants. They were confident, informed, and able contributors in formal presentations at plenary sessions and in discussions with fellow professionals and consumers.

By the end of the conference it was clear that the nurse was, for many reasons, the logical health professional to work in partnership with the physician in providing health care. Further, the consensus was that a new category of worker — the physician's assistant — was neither required nor acceptable.

Conferences were held in other cities, and nurses met on a basis of mutual partnership with physicians and received professional and public acceptance as the persons most suitable to be prepared for this role. At a meeting organized by the College of Family Physicians of Canada, one doctor commended nurses for their emphasis on "health," as opposed to "disease," identifying them as truly modern exemplars of an expanded vision of medical care.

Thus, the task of solving the problem of improving the quality of care and making it available to all obviously rests on the shoulders of both physicians and nurses. Nurses are now challenged to develop ways in which they can extend their role to work effectively in a complementary relationship with the physician in primary health care.

The immediate task is to demonstrate the nurse's capacity to accept responsibility for the broader role required by society. Nurses must be prepared to conduct the best possible program of research, demonstration, and assessment. They must not only identify and communicate what they are capable of providing in the way of extended services, but they must also tell their story *loudly* and *clearly* about the comprehensive, innovative roles they are now playing. When the story is told, nurses, other health professionals, and the public will be surprised.

Nurse's role has expanded

A year ago I was invited by *The Medical Post* to contribute an article on the expanding role of the nurse.* I decided to undertake my own informal survey of nursing potential and resources. Although we have discussed and speculated about the extent to which some nurses have expanded their roles, there is no organized survey or investigation to indicate the nature and extent of this trend.

As a purely personal venture, I wrote to about 50 nurses on CNA national committees, outlining the problem and asking them to comment on the expanded role they had assumed or one in which they were intimately involved. The response was astonishing, both in scope and volume. Lucid, fascinating documents arrived daily describing nurses with little advanced preparation who were enlarging their responsibilities mainly through inservice training. Others, with more advanced preparation, were making sophisticated diagnostic judgments, using complicated monitoring devices in highly complex patient situations, and assuming greatly enlarged duties in patient teaching, counseling, and coordination of care. Moreover, they established continuity of health supervision of individuals and their families from hospital to home. I discovered a whole new dimension of nursing practice in Canada.

I found that nurses are providing a surprisingly varied and expanded service in every area of patient care — from coronary and intensive care units in the most modern hospitals to communities where the nurse is the sole health professional. These are highly skilled professionals known over the centuries by the name "nurse." All see their patients as a whole person, as part of a family and a community. They see their unique contribution in returning the individual to his fullest capacity for living the "good life." They are devising new methods of care and are still retaining the nurse's historic attributes of compassion and service within a contemporary technological framework.

These changes have not taken place in a vacuum. We need constantly to remind ourselves of the rapidly changing social climate that provides the impetus and setting for new approaches:

* Reprints of *The Medical Post* article can be obtained by writing to the Public Relations Officer, the Canadian Nurses' Association, 50 The Driveway, Ottawa K2P 1E2, Canada.

- Rising consumer expectations and spiraling health costs have made government and public alike increasingly open to change and reform, not only in the delivery of health care, but also in its accessibility.
- Nurses are gaining recognition as a responsible body of professionals and citizens. Also, nurses' organizations are losing some of their timidity in communicating with other professions and the public at large. This has been reflected in a greatly enhanced climate of interprofessional respect and acceptance.
- Rapid change and reforms in nursing education are reflected in attitudes and approaches to health care. With 22 university schools of nursing, an accelerating shift of diploma programs into educational settings, and increased emphasis on continuing education, nurses are engaged in a process of self-examination, reappraisal, upgrading, and improvement that will provide a growing body of well-equipped practitioners. Implementation of a core curriculum in health science education will give an increasing number of nurses and physicians a better understanding of the other's role.
- Nurses now have equal opportunity with other health professionals to obtain federal health grants for research and innovative programs.

How should nurses react?

Prospects for the individual health professional in meeting the health needs of both sick and well in a complex society can be stimulating. It can also be uncomfortable. The nurse has new realities to face and new concepts of health care. How should she react? First — and this is essential — she must reexamine and assess her own role and functions. Then she can analyze, in her own situation, all the activities that someone "above" her is performing and that she, with her preparation, can do better. She can then make a plan to integrate these activities gradually into her role. Concurrently, she should assess present activities to determine which could be delegated to a less well-prepared person. This is not a simple process. But it has been done by a few nurses who had the courage to become "change agents" because they wished to serve better and knew they could.

Many nurses reject an expanding role when it is presented in terms of "an extra pair of hands for the busy physician." Nurses see themselves as front-line troops, as primary contacts, and coordinators of health care. And it is in these terms that new roles must be developed.

In addition, nurses must be fully aware of the changing shape of health care into which their services will be integrated. In collaboration with physicians and consumers, nurses have a responsibility to study, develop, experiment with, and expand the health team concept. This concept should bring to bear, on behalf of the patient, all available skills necessary for quality care and maintenance of health.

The "pyramid" view of health professionals is yielding to the "pie" concept, where each member of the team is a wedge of different size according to the problem of the patient or the community. In some situations a member of the team may have no part of the "pie." However, the patient and his family always have a wedge.

Summary

Nurses will be called on to expand their roles. The attitude of the entire profession is vital to the success of the pioneering minority and to the very future of nursing. Difficult decisions will have to be made about education, legal aspects, and even nomenclature. Each nurse has a responsibility to be informed and to be involved — and involvement will be based on confidence.

These are not matters that others can arrange for the nurse. Each nurse, wherever she works, can be a catalyst for change, rather than a passive recipient. This is not easy, but it can make the difference.

And we must work together to shape the future. A profession of nearly 140,000 registered nurses cannot abrogate the responsibility of working with others to develop long-range, comprehensive plans to improve health care for the entire population. And history will not deal lightly with a profession which, because of expediency or timidity, tolerates a patchwork effort to remedy a system that has now become outmoded.

If it is possible to generalize about the innovative roles created by nurses in a wide variety of hospitals, communities, and small villages, one can conclude that in almost every case it was the individual nurse who recognized a specific need and her own ability to contribute.

A West Coast university has as its motto two words that sum up the challenges and opportunities of this situation: *Tuum est* — "It's up to you." And so it is.

References

1. Canada. Committee on Costs of Health Services. Task force reports on the costs of health services in Canada. Ottawa, Queen's Printer, 1970. 3v.
2. Resolutions passed at CNA 35th General Meeting. *Canad. Nurse* 66:8:26, Aug. 1970.