Nursing in Transition: Issues and Challenges

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It is my great honaur and pleasure to speak to you about the nursing profession and the many issues and challenges it faces. hat this evem even takes place shows that changes nave occurred and continue to occur in your system of nursing and nursing education. You are among the select few nurses in your country, and indeed in the world, who have earned high achievement in the profession which we recognize and salute this evening.

This achievement brings with it new responsibility to lead and advance nursing in Australia. That is an awesome task. You may feel, as I sometimes do, "Fine, let's move forward." But which riddle already, we could simply provide you with direction is forward? If any of us had solved that the magic formula. But there are no simple answers. Nurses in the United States as well as in other countries face many of the same issues and problems you do. Let's examine some of the basic questions and look at some directions for the future.

In listening to Australian nurses and reading your literature, I am reminded of home! Your major health problems are like ours: cardiovascular diseases, cancer, nervous disorders, chronic and degenerative ailments. The nation grows older, the elderly population increases, the birth rate declines, the bonds of marriage and family loosen, and people converge upon the large cities. A new technology of transport and information supports your new life style. Your nursing is 'sickness' and hospital oriented, and like ours, occasionally suffers from, shall we say, a bit of "cultural lag" in accepting and implementing the new ways. You are questioning the methods of getting professionals to work outside big cities. You are questioning the relationship between nurses and physicians. Roles are not stable and further instability is possible with expanded nursing roles in primary care.[1]

In your hospitals, you are practising what we call 'functional nursing'. Your duty is to take care of tasks. not people. Approximately 80 per cent of direct patient care is provided by students in training, who are employees of the hospital.[2] This situation differs only slightly from that in America a few years ago. Until recently, students in American hospital schools of nursing comprised a major proportion of the nursing labour force; our students served in the name of education and usually received no pay for it. Even then, many people questioned whether the students could receive a proper education when the priority clearly was to provide service to the hospital. As a result of those questions and because nursing schools are an economic liability, our hospital schools of nursing continue to disappear in favour of collage and university programmes.

The situation with nursing students raises some questions for registered nurses as well. Your student attrition dropped markedly between 1975 and 1978. As a result you have in excess of 13,000 students in training compared to around 10,000 in 1974. You are now faced with an oversupply of registered nurses in many areas. I wish we had the same problem of oversupply!

But let the students go to school for the sole purpose of education and let the nurse take care of the sick, and your manpower crisis would vanish. Perhaps the quality of care would improve too. I do not mean to derogate the students. But it is a fact of life that a nurse with more knowledge and skill, with greater maturity and experience in working with patients, families and the health care system should give better care than the 17-year-old student who is trying to learn how to be what she knows she will never become when she graduates.

I know—we can easily agree that the registered nurse should be able to give better care than the student. But can we agree on how we get from here to there; that is, how we change from student staffing to professional nurse staffing? As similar changes have occured in the United States, nurses have faced not only problems, but a high degree of anxiety as well. How do we get into the universities, with financial, academic, and moral support for higher education in nursing? If nursing education is university based and controlled, will the students and faculty simply be visitors in practice? Will these graduates who know more theory also have the practical experience to know how to take care of a patient? Will the move into universities simply widen the already painful and senseless gap between education and a practitioners? Even the nurses who were brave enough to ask these questions wondered whether they still would be able to return to the bedside after so long in purely academic, administrative, or supervisory roles.

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Perhaps this situation is analogous to the one analyzed in a conference on medical practice and research in Canberra in 1968. Speaking of the National Health Service in Britain, Dr. J. M. Last stated that it

> "exists in its present form because, before its inception in 1948 and several times since then, the medical profession insisted on it ..... The result resembles the cautionary fairy tales where people are cursed by the granting of preserve their independence and were cursed preserve then independence and were cursed with isolation; consultants desired autonomy, freedom from competition, and security of employment and have been cursed by inflexibility."[3]

Throughout the industrialized world, nurses also have many wishes for change in the profession. The wise would note that we also have suffered some curses from having had our wishes granted. In the push for liberal arts education and the move into universities, we found ourselves in a house divided between those who practised and those who taught. With greater emphasis on behavioral sciences in the curriculum, the pendulum swung too far; we began to graduate nurses who could assess behaviour, but forgot very basic elements of physical comfort, hygiene, and safety. We wanted to produce 'change agents' in the baccalaureate programmes; we reaped frustration and conflict, because the new graduate from any type of programme was still a beginner in practice, and was not ready to remold an organization. We needed more nurses with graduate education, and many of them who studied in other disciplines chose to sever their ties with nursing. We asked for greater professionalism among nurses, but found that many nurses equated professionalism with the superficialities of dress, title and social amenities, rather than with scientifically based and compassionate clinical practice.

Certainly all is not lost; nursing has advanced tremendously in recent years. You have begun to face the issues set your goals and test the directions of change in nursing practice and nursing education in Australia. In this time of transition, let's consider some of the challenges to you as well as to nurses in America and many other parts of the world.

First, it is time for change in nursing practice. We know the needs of patients and families for high quality, scientifically based, humane nursing care. But for too long we have failed to put the proper value on the very reason our profession exists. We have given care mostly through others, whether they be our students or aides. Higher education has become the most certain and immediate ticket away from the patient's bedside.

Let's think for a moment about nursing practice. It's hard work! Giving good nursing care is demanding in every respect—psysically, intellectually, socially, emotionally. It requires scientific knowledge, technical competence, social awareness, interpersonal skill and compassion. Good nursing care is crucial to the recovery of most sick people and to the prevention of illness for others. But do we reward a nurse for nursing? No. The more she knows, the more degrees she gets and the further away she is from the patient, the higher her income and status.

Perhaps practice should change so that nurses be responsible and accountable for patients and families not merely for a set of tasks. I predict that these new nurses would have higher regard for their profession and for themselves. Whether we call it professional nursing, primary nursing or some other name, we know it has this effect on nurses, and effect on the quality of nursing care as well. Primary nursing does not mean simply staffing with registered nurses. It means that the nurse is reasonable for nursing care, as the attending physician is responsible for medical care.

Let's focus on nursing and not on the nurse. The characteristics of the ideal nurse and the ideal education matter only if they improve nursing. Point number one has been and will remain: what are the needs in nursing practice and what should the nurse do to meet them?

Nursing cannot change without proper leadership. In our studies on the quality of nursing care, we found that clinical leadership and organizational management were the key to high quality. On the 104 general medical, surgical and paediatric units we studied in various parts of the United States, we asked nurses to describe their leaders. The better quality units had nursing leaders that were described as highly sensitive, tolerant and flexible yet having the courage to lead. Such characteristics are far more compatible with modern life than the rigid, highly structured and impersonal approach of the last century that still prevails today. Our life styles are different now and we have different views of the quality of life. If the "quality of life" is new, how can the "quality of leadership" be old?

In recent years, nursing leaders have faced another dilemma. The demands for service kept growing but the costs had to be controlled. The 'famous last words' of many nurses for practically every problem are: "We need more staff!" Sometimes we do, many times we don't, but most frequently we don't know. Many nurses would be really hard pressed to justify their requests, other than to say there is a problem.

We can no longer view our multimillion dollar cost with sentimentality. Generally nurses are the largest working group in hospitals and spend a large share of the institutional budget. We need

not apologize for that; quite the contrary neither we nor others should ever forget it! Nursing care is absolutely essential around the clock. But we have to manage nursing carefully and rationally. We need nursing leaders who know clinical practice, understand the personal and organizational environment and can manage the political and economic aspects of their profession.

The third challenge is education. All too often, education is viewed as an end in itself. The professional schools supply the manpower for practice. The faculty are expected to teach and to lead the way in research and other scholarly pursuits. But in its present form does the mere presence of a school improve the quality of care?

In our studies of quality of nursing care in 19 American hospitals, we found that the presence of a nursing school within a hospital had no effect, either positive or negative on the quality of care. Most faculty object to this finding but the directors of nursing services nod their heads in agreement. Our faculty members, with their higher education and generally greater experience, are transients in hospitals. They are not part of the local culture; they only visit the units with their students and rarely participate in making clinical decisions. Some new models, such as the one at Rush University in Chicago are integrating the components of nursing namely, education and practice. That does not mean two jobs; it means a different organizational structure so that educators and practitioners work side by side with shared goals and responsibilities.

Education can and should make a difference in nursing practice. But it can become isolated and lost in the clouds. It is not a new problem. The Blessed Johannes Ruysbroek knew about it in the fourteenth century. In giving advice to the religious who nursed the sick, said the good Johannes:

> "Brother, if you are in ecstacy, exalted like St. Peter and St. Paul or whoever.....and you hear that the sick are in need of warm soup..... I here give you counsel: leave your meditation immediately and warm the soup."[5]

Nursing educators can practice and practitioners can educate. In this new symbiosis not only does the quality of care improve, but surely the quality of education and research as well.

The final challenge, perhaps the greatest, is one that I would call simply sensitivity. Whenever changes occur, some people feel insecure and threatened, often rightly so. Fortunately, I have not seen my home school close because it was regarded obsolete. I can only imagine that if it had, I would have felt personal loss. Perhaps I would have wondered whether I had become obsolete. The majority of our nurses were trained in schools that have graciously disappeared. This may be for the better. But it was a loss nonetheless. We need understanding and collegiality to deal with the loss and accept the change. Can we move into the future by denying the past? No, rather we should follow the admonishment of St. Paul: "Prove all things; hold fast that which is good."

Our fast moving, complex world won't stop to wait for us. What can we do? According to Colonel Hiers of the United States Army Nurse Corps, we have three choices. First, we could wave the white flag and surrender (you see, Colonel Hiers is in the Army after all!), cease the rhetoric and steps aside for those who are willing to get on with our work. Clearly, we reject this option. Second, we could continue as we are, muddling through, bogged down in daily tasks, low in self-esteem, and short of time. Or, if we reject, as I hope we reject, this option, we have the third choice: to change not only our own commitment, but our whole profession and identity. It is this third choice that we are here for. But what I could outline in a few sentences, you cannot do in a single day. The task will be long and arduous; success will not come all at once. But be it victory or defeat, you should be patient, maintain your confidence, and perhaps most of all, never lose your good cheer.

E. B. White said: "When I arise in the morning, I am torn by the twin desire to reform the world and to enjoy the world. This makes it hard to plan the day." As you set out on your professional life, I wish you success with your reforms, but I also wish you the pleasures of your beautiful land and its people. It has been my privilege to share some of those pleasures with you.

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