

The Changing Role of the Nurse

by H. K. Mussallem

There are many rapid changes taking place in the world today. This also applies to the field of nursing care which is brought out in the following article. We thank The Canadian Nurse review¹ for having kindly allowed us to reproduce it. The opinions expressed therein are those held personally by the writer (Ed.).

Today, the practice of nursing and the education of nurses are going through the most exciting period in modern times. Throughout a long and turbulent history, nursing has faced almost insurmountable difficulties. In the main, these have stemmed from an attempt to maintain stability while conducting innovation, and from an attempt to change while retaining the useful part of the old. But to their credit, nurses have attempted to keep pace with the needs made by a rapidly changing social structure. It is these present needs that now should force nursing into a new, enlarged, and more crucial role in the health professions.

Over the past century, nursing has evolved from care of the sick person in hospital, to concern for his restoration, to maintenance of good health. Gradually, the role expanded to include the patient's family. Then, too, the role of the nurse extended beyond the hospital walls and nurses practiced in the community caring for families in homes, in clinics, and at work.

Nurses could make changes for the future on the basis of their own interests with the best altruistic intent, or on the basis of past

¹ Ottawa, November 1968.

THE CHANGING ROLE OF THE NURSE

traditions and on what nurses believe their role should be. But this is not enough. Change should be based on how—in collaboration with other health professionals—the best possible health care can be provided for all citizens.

Let us look for a moment and in general terms at what we see around us. All knowledge, including medical knowledge, is advancing rapidly. To keep abreast of this accumulating knowledge will require increasing specialization and larger numbers of specialists. The population of Canada is increasing. The demand for health services is increasing. This increases the amount of work for those in the health field. New machines, both for communication and treatment, are being used and being developed. These will demand new organizational development.

There is more to know than one person can know. More skills are required than one person can master. Health care must be carried on in many places at once. There can only be one type of solution for this sequence: a more creative division of responsibility and more delegation of accountability. This will inevitably change the role of the doctor and the role of the nurse. In looking into the future, it appears inevitable that circumstances alone will require the delegation of greater responsibility and greater accountability to better-educated nurses. Such a course is highly logical, if only to allow doctors to pursue medical advances.

What are some of the changes we might expect in health care and nursing practice? We have been told that it is not unreasonable to expect, from extensive research now being undertaken, a breakthrough in cancer ¹ and there are prospects of controlling the great killers of today (diseases of the heart and blood vessels). Research may throw light on the process of aging and help bring us nearer to postponement of old age ². Facing nurses of the 21st century will be longer life and less sickness, bigger populations and less food, larger cities and less green space, and medical advances far beyond our present conceptions.

Some forces which have and will continue to cause change in the role of the nurse originate with the changing role of the other members of the health team. Medical educators report in recent

¹ M. G. Candau, *Health in the World of Tomorrow*, *Unesco Courier*, March, 1968.

² M. G. Candau, *Health in the World of Tomorrow*, *Unesco Courier*, March, 1968.

meetings and journals that the increasingly difficult task facing physicians is the changing pattern of medical practice today. Fewer and fewer of the recent medical school graduates contemplate general practice³, and there is an increase in the number of students entering specialized medicine. McCreary reveals that "Increased demands for family health care combined with a decrease in the number of general practitioners is leading to 'serious difficulty' in the pattern of health care... There are progressively fewer family doctors to meet increased demands caused mainly by modern health plans."⁴

There is evidence, too, that medical practice is being more effectively integrated into the health team in which doctors, nurses, dentists, pharmacists, social workers, and others share in providing health services. Medical educators indicate that the practice of medicine is rapidly becoming a team activity in which the doctor may be, at best, first among equals."⁵ As a team member "he must be prepared to engage in several types of concerted effort... He confronts a matrix of collaboration which he cannot expect to dominate or hope to avoid."⁶ From this we can speculate that there will be a kind of convergence of the two essential members of the health team—the doctor and the nurse.

Even more fundamental is the concept of the development of health skills on a *partnership* basis. All of us in the health professions could have provided better services if we had tried to work more cooperatively and collaboratively—especially on policy-making—with other groups, rather than searching for and implementing solutions exclusively within our own sphere. We have made changes based on needs or demands as identified by nurses, but have we made changes based on the health needs and sought solutions in collaboration with other health practitioners? If we do not alter our services in view of all the needs, then like the lovable old village smith we may quietly fade away.

From these introductory comments we can surmise that not only is there a changing role for the nurse but also a revolution in nursing,

³ J. F. McCreary, *The Future of the Teaching Hospital*, *World Hospitals*, January, 1968.

⁴ *Health Care System Threatened*, *Winnipeg Free Press*, May, 1968.

⁵ Richard W. Scott and Edmund H. Volkars (eds) *Medical Care*, New York, Wiley, 1966.

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THE CHANGING ROLE OF THE NURSE

through rapid evolution, is at hand. No one can predict with accuracy what lies in the future, but we can predict that:

As the doctor moves rapidly toward new frontiers in medicine and medical practice, more and more medical-technical procedures and other ministering roles will be delegated to the nurse. This may mean that in the next decade the practice of nursing could more closely resemble the practice of today's "family doctor" than of today's nurse.

Demands of a sophisticated public for an increasingly voluminous and effective health care will compel nurses and doctors to work in a more collaborative, collegial relationship to provide optimum health care.

The unique historic function of the nurse will continue to be an essential part of the practice of nursing. The essential role has been, is, and will always be a supportive one to patients in hospital and people in the community—supportive in the fullest sense.

The new, expanded role that nurses will assume in the next decade or two must include, as a base, their primary and unique function, which is complex, service-centered, and based on both intuition and scientific knowledge.

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If certain trends continue, nurses could become medical technicians, not nurses. As noted previously, the nurse has assumed responsibility for more and more medical-technical procedures—in addition to her unique function—to the extent that, in too many instances, she has become a physician surrogate. Because of pressing demands on the doctor's time, when a new medical-technical procedure has become safer and/or more routine, he has delegated this to the nurse because of her suitability and her "fatal availability." She should, however, after careful analysis, assume responsibility for some of those procedures, but only those that keep her next to the patients and the people whom she serves.

There is a new role for tomorrow's nurse. She could in the next decade or two be responsible for the health care of a group of families in the community and for their nursing care in hospital if a member of the family required this highly specialized nursing

service. In selected instances she might provide direct nursing care. This new nurse would move freely from the home to hospital and back. She would become the family's nurse and her main concern would be *health*.

She will not replace the doctor, she will not make a medical diagnosis, but in 10 to 15 years the practice of nursing could more closely resemble the practice of the "family doctor" than that of nursing in the past century.

This may not be what nurses today wish to accept. But any thoughtful nurse will not make a decision for the future solely on the basis of present practice. She will make it in the best interest of the public. The present anxiety of nurses "to be all things to all people" has, for want of careful analysis and research, been too large a measure treating the symptoms of such problems as "shortages of nurses" rather than studying the disease itself.

At present the Canadian Nurses' Association advocates that as part of the total health services, nursing can be provided best by two categories of nurses—the graduates of the university school and the graduates of the diploma school. In the future dramatic changes will take place in the role of both these groups, and as time progresses a clearer division of their roles will emerge. Excellence of service will be the hallmark of both groups. The description of these two categories by the Canadian Nurses' Association and by the World Health Organization Fifth Expert Committee on Nursing will pertain, but a deeper and wider interpretation of the words will be required for the description of the new nurse of the next decade.

The graduate of the university nursing program of tomorrow will be a community nurse in the fullest sense of the word. She will care for families for whom she is responsible, either in the community or in hospital and will have a key role in their overall health care. She will move from home to hospital and back to home as her services are required. She will work with families and gradually may be seen as the family's health nurse. Eventually, the nurse will be the only health practitioner who will provide continuous service in sickness and health as she now does in the hospital. She will move into this role not only because of pressures and social forces, but also because she will be prepared to do so, and the best prepared to do so.

THE CHANGING ROLE OF THE NURSE

The nurse then moves into the sphere of a family practitioner in a very real sense of the term, and in so doing provides time for the physician to discover new medical knowledge and assist him in ways of translating it into service.

Does this new role mean, then, that the professional nurse will work 24-hours-a-day, 7-days-a-week? No. But it does mean that she will be responsible and available for the health care of her families over the 24-hour period, even though she cannot and need not be "on the job" during that time. She will work collaboratively with other professional nurses who will relieve her for days of recreation and rest. She, and her professional nursing colleagues, will assume responsibility for health services for their families—planning, supervision, and evaluation. She may personally, in selected cases, render expert nursing care and act as a resource person to others on the team where and when these services are required.

Many of you may wonder how this community nurse—the graduate of the university program—can provide any nursing service in the hospital. Let us recall that there will be graduates of the diploma program, both hospital and community based, who will be on duty for an eight-hour day (or less, according to current employment practices). This nurse will work with the community nurse to develop a plan of care for the patient in hospital during this interruption in normal living.

At present, only about five percent of the care of ill persons is given in hospitals.⁷ Increasingly these institutions will become highly selective and only very specialized care will be carried out in them. The public will realize that these costly hospital services must be used judiciously. These factors alone will have important implications for the future educational programs of both categories of nurses.

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The new community nurse will be prepared to use, easily and intelligently, all the new technological advances. In her supervision

⁷ D. Curiel and others, *Trends in the Study of Morbidity and Mortality*, Geneva, World Health Organization, 1965. (Public Health Paper no. 27).

of family health in the community or hospital, the nurse will visit on a routine basis or be called on request. In her rounds, she will be assisted by the newest technological advances, such as a computer that has been programmed by a variety of experts in the health and allied professional fields. During a home visit she may, for example, detect some abnormal signs in a young child. She will pick up the telephone and describe to the computer the signs and symptoms she has observed. The computer may then tell her what to prescribe, or may ask her for more information before it will outline the required treatment.

Only when the nurse has doubts about the treatment prescribed or is confronted with a more complex medical situation will she consult one of the busy, highly specialized medical practitioners. He will be located in a modern health center and will talk with the nurse by telephone, viewing the patient on the television telephone. In these complex cases, the doctor will ask the computer to display on the television screen the family record and that of the child. From this information he will give the nurse a medical decision.

The nurse will then prepare a total plan for the care of the child and the family's responsibilities, using the medical decision as part of the plan. This is but one of the many ways in which she will combine her nursing knowledge and skills with modern technology to improve health care.

The nurse will still maintain the essential role for which she now exists—but her activities will change dramatically. Computers, television scanning, and other technological "hardware" will extend her eyes, ears, and intellectual capacity. They will not replace, nor be used in place of, the physical presence of the nurse. They will not replace the reassuring touch of the hands of the nurse, nor her compassion, nor her "cooling hand on the fevered brow," nor the cuddling of a frightened child in a clinic, nor the teaching of a young mother in her home, nor research into nursing to provide better and more highly skilled nursing care. They will, on the contrary, provide the nurse with more time so that she can perform the essential role that requires her to be with people. We must never let the computer or its mechanized descendants separate us from the patient and the family; we can use them to assist us in expanding our present usefulness.

THE CHANGING ROLE OF THE NURSE

This is but a prediction of the nurse's changing role and its expansion in the next decade or more. It is formulated against the background of the past decades.

To review, then, from a highly personal view into the cloudy future, the new nurse:

Will be the person on the health team who works continuously and closely with families in sickness and health, moving freely between home and hospital.

Will not and cannot make a medical diagnosis, will not and cannot replace the medical practitioner, but will work cooperatively to utilize their scarce numbers to provide a highly effective health service.

Will supervise the health of families and in the instance of illness, plan for their care in hospital, using the specialized services of the physician and other health personnel in planning the total care.

Will utilize new technological advances so that her personal services may be used to the best advantage.

Will play a key role in assisting the medical or health team in translating new scientific discoveries into health care.

All this may seem too far out. If so, let us recall that Miss Nightingale's conception of the nurse in her day "was widely regarded as visionary and beyond all hope of realization."⁸ This new, expanded role is "for use tomorrow"—just a decade or two away. The evidence is too positive to suggest anything else.

The new nurse will be a different person from all points of view. She was born into a new world and has lived to maturity in a newer world. She will serve people in both this new world and our present one. But let us not cast her in our own image. Let us give her elbow room to become a professional nurse who can serve her countrymen in sickness and health in the new expanded role.

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⁸ K. Robert Merton, "Issues in the Growth of a Profession", In American Nurses' Association's *Proceedings of 41st Convention*, Atlantic City, New Jersey, June, 1958.