LETTERS TO THE EDITOR

"PROFESSION OR UNION"

IF I MAY, I would like to comment on Miss Gilchrist's article "Profession or Union", in the latest issue of Nursing Papers.

It does not appear to me that the professional status of nursing provides a basis of solidarity amongst the members. There seems more evidence to support the idea that the professional status of nursing is rather questionable. I'd pose these two factors as the basis for an argument against using our "professional organization" for bargaining and negotiations.

As Miss Gilchrist has pointed out, economic remuneration will accrue to nurses relative to the social economic situation with or without formal negotiations. Fringe benefits are relative to the individual work situation. We might benefit then from the approach taken by the teachers at Ryerson Institute of Technology.

Negotiations are carried out by representatives of a group of employees in the organization. They act not as members of a union or a professional organization but rather of a group concerned with continuously providing the highest quality of service within that organization. This has proved effective for the teachers at Ryerson. Perhaps it could do the same for us.

Helen Carter, BN, RN, Toronto

I am pleased to have the opportunity to respond to Helen Carter's letter.

I applaud Miss Carter's suggestion on two points: First, the restriction of the bargaining unit to that of individual work organizations with their particular goals, strengths, weaknesses and internal relationships; and secondly, that negotiations and bargaining be focused upon those things relative to the provision of "the highest quality of service within that organization". The fact that there is no necessary connection between the two and that present employer-employee contracts within the specific organization are systematically focused not upon quality of service but upon typical labour-management considerations should not theoretically inhibit us from eventually pursuing that outcome. One may ask: What better way to accomplish high quality service than through a con-

sideration of needs of individuals working together formulating their own ideals and ideas through the system of relationships which create the effective structure of that organization alone? Moreover, "bigness" as a characteristic feature of contemporary social institutions (including bargaining units) is being challenged by a very idealistic and a very vocal segment of our society who are working toward the more individualistic and less standardized and bureaucratized system.

Yet, having said this, I still do not feel committed to the course of action suggested by Miss Carter. My primary reason for rejecting the proposal is that as an occupational group, if not profession, we have not yet identified that for which we wish to bargain. It is hardly necessary to point out that all the nursing leaders in the hundreds of Canadian hospitals, agencies, and schools in which nursing is practised are hardly au fait with either the health needs of the community they serve or the ways in which nursing can best make its contribution in a system of rapidly-changing roles. Nor do they have the knowledge or opportunity to determine what these should be. We have only to refer to what many nurses in positions such as nursing consultant, director of nursing, association executive, university faculty, and the like are saying and doing, to recognize that our spokesmen have often used little imagination and are hampered by traditional relationships between nurses and others when attempting to participate in formulating crucial alternatives and choosing among them. Our representations have often been hesitant, inadequate in scope, and not based upon nursing research data which would promote a credible and expert judgment in nursing matters. Thus, before individual organizations could evolve a system of useful and productive negotiations, it is necessary to "start at the top" and embark upon a heavy round of serious scientific study, formal and informal discussions, presentation of briefs, participation in lobbies, conferences and meetings, and so on with top personnel of government, with administrators and with other professional groups with a view to establishing a realistic, viable, and meaningful place for nurses and nursing within health services. Now is the time for our traditional place is surely under attack. It seems absolutely clear that with success in this area, bargaining units per se would be an anachronism and the nature of labour-management relations would more closely approximate modern social needs.

If, however, we remain concerned with the here-and-now, the short run needs of nurses and nursing while the above rhetoric

takes place, then I still do not believe that bargaining in the individual organization is a useful answer for the majority of nurses. Let us recognize that the example provided is not representative of our employment situation. In the instance of schools and universities where nurses are hired primarily as teachers, they derive the benefits (and the disadvantages, I might add) acquired through three or more decades of labour-management negotiation between teachers and employers. Their status and position in the organization is more relevant to that of another discipline. Most nurses are employed solely as nurses by large organizations, themselves situated within larger structures and all ultimately financed by large governments. Historically, the monopolistic tendencies of employers and their ability to make unilateral decisions and to effectively regulate competition for members of an occupational group, has been counteracted and eroded only by an equally large bargaining unit. Where small individual bargaining units have been most effective, useful and attractive is when the availability of large, impersonal and highly bureaucratized alternatives exist for both sides and provide countervailing powers. Caught in a web which demands negotiation the value of more decentralized bargaining becomes evident. In our own case both sides might then focus upon the attainment of a situation in which good nursing care becomes possible, is rewarded for its own sake, and is dictated by the needs of the public it serves rather than the institution in which it is practised or the people who practise it.

Whether nursing has ever, or has now, achieved "professional" status appears to me completely irrelevant, a red herring. What is important is that if nursing wishes to survive, and it will only if it is prepared to make a contribution which others deem useful and necessary, it must decide with others what the nature of this contribution is to be. All nurses have a stake in making this decision whether we are judged to be a profession or an occupational group. By using the professional association as a base from which to structure a unified approach to the problems of nursing, we do not imply that this association is at present a basis of solidarity, but rather that it could readily become so if we really think we have a skill and an expertise which we can pursue for the benefit of others. — *Joan M. Gilchrist, M. Sc. (A), R.N., Montreal.*

REPLY TO CPHA

A report on Recruitment of Public Health Personnel was considered by the Executive Council of the Canadian Public Health Asso-

ciation in May 1969. A number of recommendations on the training of public health nurses were forwarded to our School by E.S.O. Smith, M.Sc., M.B., D.P.H., C.R.C.P.(C), Chairman of the Committee on Recruitment. Mr. Smith invited comment with particular reference to Recommendation 5.1:

> That a course leading to the certificate or diploma in public health nursing be provided by at least one University School of Nursing in each province.

A copy of the response from our school follows. Many university schools as well as the CCUSN have been asked to reply to the CPHA's recommendations on the training of public health nurses. This question is a vital issue representing as it does the larger problem of the preparation of nurse practitioners for the present and future health services of Canada. I know we have all given much thought to this issue; it is now time to take a stand. With this idea in mind , I hope that you will read our answer and make yours available also, so that we may consider more closely the views of our schools on such matters.

Response to Recommendation 5.1

Although health knowledge is available, the people of Canada have not been receiving the health services they need. Now there is a marked shift in health care from the hospital to the home, the community clinic or the ambulatory service in the hospital. Therefore all nurses must be prepared to work in the community setting, at different levels. This in fact, is happening and has led to the discontinuance of the diploma course in public health nursing.

We concur with the recommendation that at least 25% of nurses (all nurses) have a bachelor's degree. The remaining 75% then can be graduates of basic diploma schools. These two kinds of nurses along with nurses aids, if placed in effective working relationship can provide the nursing service for the community. The vital consideration is effective utilization.

Changes in nursing education may appear to come too slowly. This seems to be partly due to a reluctance to give up old patterns and a tendency to retain a picture of the public health nurse from the past. Basic diploma schools of nursing in many instances are now preparing graduates who can provide first level nursing in any part of the community. Some public health agencies have already reported this to be successful. These agencies are setting up brief but carefully focused orientation programs for the graduates and find that they function quite effectively. It must be remembered that diploma courses in public health and other areas were original-

ly established to make up the deficiencies of the basic program. As these deficiencies of preparation cease to exist, the public health course as such is upgraded and incorporated into the degree program.

The bachelors degree course aims to prepare the nurse who is au fait with the changing health needs of the community, skilled in working with individuals and in organizing nursing services. University prepared nurses are needed in institutions (e.g. hospitals) as well as other community agencies. They are the ones who will move into the supervisory and organizing positions and direct the utilization of nursing services as a part of the total health service in the community. They are also prepared to evaluate nursing care and work for improvement. It must be remembered that these graduates are often inexperienced. They need to start at the first level and work their way along according to their abilities. On their way up, they can do a great deal towards the development of nursing service given a system which will support them.

Nurses as any other professionals need opportunities for constant review and revision of their functions and skills. We certainly agree that the university has some responsibility in providing this opportunity in the form of short courses, etc. In addition, there must be opportunity for all nurses to increase or develop special skills, — the diploma graduate in the college system and the university graduate in the university. The university can also make available courses which will allow the practising nurse to study on a part-time basis. It must be recognized that part-time study has limitations.

As we look back over university programs in Canada, evidence appears of an unmistakeable reluctance for nurses to seek university preparation. This situation stems from the attitudes of employers, other professionals, and nurses themselves and undoubtedly some failure of university programs to remain sensitive to nursing service needs. It is therefore imperative for all schools of nursing and health agencies to plan together so that all their activities are coordinated within the health team. Then there is more hope of increasing the 5% of nurses in Canada with university preparation to the 25% that is recommended, and thus move closer to our aims for nursing service in the community.

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