

LETTER

To the Editor:

I have some views on the future of the extended role of the nurse in New Brunswick although I have been in this position less than a year in my home province. But I have the distinct impression, from membership on the Health Services Advisory Council (to the Minister of Health) and from other contacts with New Brunswick physicians, that the doctors in this area regard the nurse in the expanded role chiefly as a physician's assistant whose major responsibility will be to lighten his load by taking histories and daily physical examinations.

It seems that they obtained this impression from a workshop in Moncton last year. And since our completely tax-supported medical care system is paying physicians so handsomely, New Brunswick appears to be attracting all the physicians it can use and most physicians in the Fredericton and Saint John areas seem to believe the "saturation point" will soon be reached, even in outlying areas. Therefore — if the nurse is to be only a physician's assistant in the sense of working in his office, lightening his load by taking histories and doing physicals — the physicians are saying that the concept of the nurse practitioner will die a natural death in this area because nurses acting as "physician's assistants" will not be needed.

I do not believe that a nurse practitioner or nurse in an extended role can best meet the health needs still unmet in Canada by working in a doctor's office or out of a doctor's office in the role described above. But, this is the way physicians and most practising nurses in this area seem to think at present. The faculty members at this university and some others in the community (including those on the N.B.A.R.N. committee to study the role of such a nurse in New Brunswick) believe the most useful role for her in this province would be that of primary care nurse in the community. The Department of Health personnel are referring to this person as a community health nurse at present.

Left to operate on my own perception of what is needed, I would tend to build in much more preparation in physical assessment and assessment of meaning of health history along with increased skills and depth in interviewing. But I would have the nurse so prepared also practising her "Extended Role" in critical care units (CCU & ICU, dialysis units, etc.) and emergency rooms (as well as in primary care settings) using this additional knowledge and the meaning of more relevant observations of physiological and emotional changes to make clinical judgments to be followed rapidly by appropriate nursing action in these settings.

I would not have the baccalaureate graduate assisting physicians in the practice of medicine, but would use additional curriculum content to improve the practice of nursing according to the type of clients served and the complexity of the health needs. However, the perceptions currently held by physicians and nursing service administrators influence what can be attempted by an educational institution if we are not to build frustration into the future of graduates prepared for positions which do not exist in their geographic area. The problem of salaries and lines of administrative authority would have to be worked out in this area in order to minimize confusion of roles and responsibilities.

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