

EDITORIAL

Addressing the Nursing Shortage: Researchers and Clinicians Unite

Throughout North America, nursing is on the defensive and, sometimes, on the offensive. As hospitals and other health-care institutions try to cut costs, they are sacrificing nursing care at the bedside and in the community. Hospital units are chronically short-staffed. Nurses are having difficulty finding full-time work. Demoralized and depressed at the conditions under which they must work, nurses are burning out. They are leaving the profession. Worse still, they are discouraging young men and women from entering the profession. Nursing students report that when they tell veteran nurses that they are planning a career in nursing, they inevitably are greeted with a negative response. We have been asking veteran nurses if they would encourage a daughter or son, friend, or relative to be a nurse, and they almost uniformly say they would not. The conditions under which nurses work and the profession of nursing have become so intertwined that nurses cannot distinguish between the two. Rather than saying, "Oh yes, do become a nurse — we need more energetic, bright people to promote health, care for the sick and dying, and fight for better conditions in the profession," nurses say, "Don't do it — why would you want to become a nurse today?"

Similarly, in Canada, when nurses say they are leaving the public sector or that they support a privately funded health-care system, they never say it is because they will make more money in a private system; rather, they view the private system as providing nursing with better working conditions and greater support.

If the profession is to survive, we clearly need energized nurses who believe in the possibility of change and who believe that they will be able to practise their profession in the way they have been taught, dispensing what they believe is quality care. We need nurses who believe they can change the public system in ways that will result in more support for nursing practice.

Strengthening the position of our clinicians who are involved in direct patient care will require a concerted effort that is supported by nursing academics and researchers. But today, even though the

research-practice gap is a favourite topic of discussion, in reality it is only widening. Researchers and academics are simply not speaking a language that practising nurses understand, and are not arming nurses with the arguments, data, and statistics needed to preserve existing advances and to promote professional practice in settings that provide the resources and respect required for good nurses to practise good nursing.

What can be done? Nurse researchers need to understand that their mandate comes from nursing practice. They also need to understand the connection between political action and research. What good will it do to demonstrate that expert nurses don't need to use restraints to control wandering among demented patients if there aren't enough expert nurses to supervise these patients in better ways? What good does it do to demonstrate that, with appropriate training, nurses in nursing homes can provide better management of dying patients, and thus improve the final days of life, if there aren't enough nurses to put this approach into effect? What good does it do to demonstrate a variety of improvements in care if there aren't enough nurses on a hospital floor to allow other nurses time off the unit to learn about these advances?

Nurse researchers have to address the problems of shortages and retention in nursing, and they have to use their research as well as their voices to support the struggles of the practice aspect of the profession. The concept of political action has to be extended beyond fighting for more research dollars and more money to build research capacity. It has to include active, assertive efforts to visibly support nurses by giving them the tools they need for the struggles in which they are involved.

One very concrete way nurse researchers can do this is to make their findings accessible and available to nurses engaged in particular struggles to protect the profession. When nurses go on strike or are involved in political negotiations with the government, researchers need to reach out and provide them with relevant studies and data. It is not enough to publish research in journals such as this one. We must translate the research into language that nurses, as well as decision-makers and the public, can understand. This means taking the time to summarize studies in accessible and comprehensible language, and, further, to turn the results of studies into arguments that nurse-advocates can use. It means reaching out — picking up the phone, for example, and calling a nursing union or organization engaged in a struggle and saying, "I have something that might be useful to you. Here, let me send it to you." This research may be your own or other

work that supports the struggle. It means offering to speak to direct-care nurses and to help them formulate the issues and articulate arguments in ways that administrators and politicians will understand. We have to learn how to translate research findings into different languages for different audiences.

Nightingale said it best when she talked about nursing and the imperative of scientific observation. "In dwelling upon the vital importance of sound observation, it must never be lost sight of what observation is for. It is not for the sake of piling up miscellaneous information or curious facts, but for the sake of saving life and increasing health and comfort."

We need to extend this approach to saving the profession.

Laurie N. Gottlieb
Editor

Suzanne Gordon
Adjunct Professor

Suzanne Gordon is Adjunct Professor, School of Nursing, McGill University, Montreal, Quebec. She is also an investigative reporter specializing in health-care and is the author or co-author of eight books, including Life support: Three Nurses on the Front Lines.

