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EDITORIAL

Shortage of Nurses, Shortage of Nursing

Nursing leaders warned of a nursing shortage several years before the current crisis was upon us. Everybody turned a deaf ear. All they could see was the number of nurses who could not find permanent employment, or any employment at all for that matter, in a health-care system that was in the midst of a transformation. Although the closure of hospitals and hospital units, and early-discharge policies, meant that fewer nurses were required, patients and their families still needed quality nursing care. Policy-makers and health-care leaders failed to recognize this basic reality.

While the major preoccupation generally has been the shortage of *nurses*, my personal preoccupation is the shortage of *nursing*. These two issues, although related, are very different. It is true that the shortage of nurses has resulted in decreased nursing care. However, it also true that far too many of the nurses who *are* working have abandoned their traditional caregiving role.

Let me preface my comments by saying that I have personally experienced and observed sensitive, dignified, respectful, knowledgeable nursing care. But I have also experienced, far too often, both as a patient and as a family member, an appalling lack of nursing when quality nursing care could have made a significant difference in recovery. I have listened to nursing colleagues despair over the deterioration in the level and quality of nursing care. I have read research reports documenting how nurses spend a disproportionate amount of time on non-nursing activities and even provide very little direct patient care. The lack of nursing care has been ascribed to the shortage of nurses. This is too facile and superficial an explanation. The reasons for the lack of nursing care are more complex. They are embedded in nursing education; in the lack of a clear vision and framework for nursing; in an attitude on the part of nurses, their leaders, and others that devalues nursing activities and over-values medical activities; and in the resource-allocation choices of nursing leaders, front-line nurses, and others.

These observations, and my gnawing fears for the future of our profession, were reinforced recently by two conversations. Each illustrates that nursing is in the midst of a serious identity crisis.

The first of these conversations took place this past summer in China. A colleague and I were invited to deliver a series of lectures on nursing to student and staff nurses at Shanghai's Changhai Hospital and Second Military Medical University. The medical director of the burn unit, Dr. Ge, attended my class on the McGill Model of Nursing, in which I described the Model's use in guiding nursing practice. After my lecture, the smile on Dr. Ge's face indicated that he had gained some new insight into his own practice. "Ah," he said, "70% of what I do with patients is nursing and 30% of what I do is medicine!" I was struck by this comment and upon my return to Montreal related the story to several of my nursing and medical colleagues. One of my medical colleagues, a sensitive, caring physician who holds nursing in high esteem, replied: "We have a different problem here. The trouble is that in our unit nurses are now spending 70% of their time practising medicine and less than 30% doing nursing! What patients need is more nursing care."

The second conversation was with my niece, a doctoral student in psychology. A few years prior to embarking on graduate studies, she lived with me for 2 years and worked for several months at the McGill School of Nursing. Needless to say, she "lived" nursing. She later returned to the United States to pursue graduate studies in psychology. For her master's thesis, she researched mothers' reactions during their child's chemotherapy. Not surprisingly, she found that mothers were extremely anxious at this time. When I asked her if she planned to publish her findings in a nursing journal, she was rather taken aback. I explained that nurses could benefit from this knowledge, given their role in caring for both child and mother, but my niece strongly disagreed. She saw nurses as primarily responsible for administering the chemotherapy and *psychologists* as primarily responsible for dealing with the fears and anxiety of both child and mother. When I asked her how she had arrived at this conclusion, she told me that in the pediatric hospital where she collected her data she seldom observed the nurses talking with or comforting the mother or child. She believed that a psychologist should be present during administration of chemotherapy, to attend to mother and child. Now I was taken aback. As a former pediatric nurse, I was deeply disturbed to hear that nurses have lost their focus on basic nursing care. Their failure to fulfil this fundamental role reduces nurses to the role of medical technician and renders them all but invisible. Further, they are unwittingly contributing to a more

expensive, fragmented health-care system and are depriving patients of proper care.

As researchers, our raison d'être is to provide the knowledge and direction for quality patient/family nursing care. If practitioners are not practising nursing, what is our role as scientists? Traditionally, the gap between clinicians and researchers has concerned the issues of relevancy of the problem, dissemination, and utilization. Much work has been done to narrow this gap. However, the current situation suggests that the schism is a more fundamental one, one that will become wider if the issue that separates us goes unrecognized and unattended. This issue relates to the nature of nursing's social contract. We need to address such questions as: What is the nature of the social contract? What niche does nursing occupy in the health-care system? What is our vision of nursing and what are our values? What is the relationship between our traditional roots and our future directions? How do our vision and values guide our curricular and practice decisions? Does nursing education provide the knowledge and skills for nurses to fulfil the social contract and the vision? Do our nursing leaders make decisions that are predicated on this vision and that reinforce these values on a day-to-day basis?

If front-line nurses, nursing leaders, and researchers do not enter into this discussion now, choices will be made for us that will result in a further deterioration and erosion of nursing. The nursing profession is an endangered species, as evidenced by the shortage of nurses. However, I believe that the shortage of *nursing* will result in a further shortage of *nurses*, rather than vice versa. This trend must be reversed before it is too late.

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Editor