

Commentary

Countering the Deterioration and Medicalization of Nursing

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In light of Laurie Gottlieb's (2000) insightful editorial, "Shortage of Nurses, Shortage of Nursing," I thought it might be worthwhile to bring readers' attention to related editorials which have recently appeared in nursing journals published in other countries. These indicate that the growing deterioration and medicalization of nursing is an international problem requiring international solutions.

Gottlieb, editor of the *Canadian Journal of Nursing Research*, correctly asserts that it is simplistic to attribute the deteriorating quality of nursing care solely to a shortage of nurses. She states that there are other reasons we must consider, reasons which 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. (2000, p. 3)

Helen Scott (1999, 2000a), editor of the *British Journal of Nursing*, is concerned that the current lack of fundamental nursing care will only worsen with the continued delegation of nursing duties to non-nursing personnel as nurses take on more and more medical tasks. She pleads with nurses not to stand by and let others change the practice of nursing to suit their vested interests, to speak out against government plans to train nurses to perform endoscopies, prescribe medications, order diagnostic tests, and so forth in order to decrease doctors' workloads. "What is clear is that the Government thinks that in order to be considered 'smart', nurses need to take on doctors' roles," states Scott (2000a). In another editorial (2000b), she observes that the "medical specialization of nursing seems to be now almost inevitable" and expresses concern that

the Government's vision for nursing seems to be supported by the RCN [Royal College of Nursing], which claims that: the patient is better served if nurses are able to carry out technical tasks such as endoscopies, as this increases continuity of care; research shows that nurses are just as effective as doctors when carrying out medical roles; and expanding the nursing role to incorporate medical activities will encourage nurses to stay in nursing.

Peggy Chinn (2001), editor of *Advances in Nursing Science*, expresses alarm at the growing trend, in American nursing education programs, to eliminate nursing theory courses to the point where even those programs in which nursing theory had been fully incorporated are being dismantled and replaced with medically oriented ones. She writes:

Basic professional nursing and especially advanced practice nursing have reverted all too often, in my view, to the very handmaiden roles that we delude ourselves into thinking that we escaped.... The terms we use to describe many nursing roles sound more autonomous and sophisticated, but the fundamental truth is that much of what nurses do, and where they place their priorities, is nothing more than serving another discipline's goal and interests, not our own. (p. v)

Chinn does not object to nurses' taking on skills which have resided solely within the domain of doctoring, but she does object to their doing so at the expense of nursing.

Reading these editorials, I was struck by the fact that, essentially, the editors are implying that nurses are contributing, in one way or another, to the growing deterioration and medicalization of the profession. By failing to clearly define nursing, for example, nurses have left it wide open for others (including those nurses who do not like nor value nursing yet remain in the profession) to change nursing to their own liking. Gottlieb (2000) speaks of "the lack of a clear vision and framework for nursing" (p. 3). Scott (1998) asserts that "time and energy should be put into defining what the essence and value of nursing has been in the past. It is this essence and value which must be used to create a modern definition of nursing." Chinn (2001) states, "It is time for nursing faculty to seriously examine our essential focus.... It is time to consider how much longer we will allow our educational enterprise to be charted by interests other than our own" (p. v).

What these editors are saying is not new. For decades, nursing leaders have been warning that a clear definition of nursing is essential to guide nursing endeavours and prevent the erosion of the profession. Well, the erosion is underway. Nurses can no longer ignore the need for members of the profession to come together and work towards enunci-

ating a definition of nursing that is clear, understandable, comprehensive, and acceptable to the majority of nurses. The erosion will not be stopped solely by defining the nature of nursing, but it *cannot* be stopped without defining the nature of nursing.

The question *what is nursing?* is a philosophical one and can only be addressed by philosophizing. The inquiry must include nurses who are or have been actively engaged in nursing practice, are devoted to and value nursing, and do not aspire to become mini doctors, mini psychologists, mini ministers, and so forth. With the help of similarly qualified nurse philosophers, they can work towards enunciating a sound definition or philosophy of nursing and thus establishing a basis for determining whether various activities fall within the realm of nursing.

By philosophizing, we may discover, for example, that an area of nursing responsibility is encouraging patients to maintain nutrition and hydration and that activities such as identifying, prescribing, and administering medications to promote the healing of mouth ulcers, so that patients can eat and drink in comfort, are part and parcel of that responsibility. Of course, such possibilities depend on our enunciating a sound philosophy of nursing and, therein, identifying nursing's areas of responsibility. That is no easy task. Collaborative discussion and analysis of ideas take time, energy, patience, and commitment. But I think nurses are up to the challenge. With the guidance of not only nurse philosophers but also nurse historians — for in order to plan our future we must understand our past — nurses can get the job done. What we require is the desire and will.

References

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