

## EDITORIAL

This issue on the position of university schools of nursing and their faculty on the subject of the expanded role of nursing is timely. Most schools have been thinking a great deal about this question; new educational programs are being developed, existing ones modified; demonstrations and experiments are being mounted across the country; briefs and statements are being written and published in the press as well as in various types of professional journals. Many groups — federal and provincial governments, physicians, nurses, citizens, others — have a voice in the present dialogue, and much money is being devoted to this subject. After such a noteworthy beginning, involving undoubtedly more research money than individual nursing projects have ever previously received: What do we think? Where do we stand? What path seems most fruitful for the future?

When our editorial board requested position statements from each university school, some seemed to display a type of fatigue, an ennui regarding the subject. They have done so much, talked so much, participated so much, there is nothing more to say. Never before, except in war time, has nursing been so obviously and intensively influenced by other groups. Surely, at this point, there are questions, problems and experiences to be shared and trends to explore and examine with a critical eye, for the benefit of us all. Statements on the expanded role of the nurse have been received from 13 university schools of nursing for a total of one letter to the editor and 16 individual or group papers.

From a perusal of the contributions to this issue, a few ideas stand out. First Phyllis Jones and Nora Parker from the University of Toronto have provided some historical material on this topic from the Canadian scene in the introductory portion of their paper; while Helen Glass *et al.* from the University of Manitoba have chosen to describe their position within a historical framework. Most papers reject the physician's assistant as the expanded role for nursing, although it is agreed that nurses can and should be able to perform effectively many of the functions previously viewed as within the realm of the physician (physical assessment, medical history, and some treatments). We have some research to support the similarity in performance of physician and nurse and the acceptability of this practice to clients(1). Other studies are expected to produce their results in the near future. This knowledge is needed in comparing medical and nursing performance on selected procedures and these demonstrations and evaluation programs seem reasonable, given our commitment in Canada to comprehensive and universal health ser-

vices. Many have expressed in their communiqués, explicitly or implicitly, a fear that these additional skills are being viewed by both nurses and other health professionals, as well as by government and the public, as the expanded role of nursing.

Descriptions of the expanded role differ somewhat from school to school. However, there is a growing trend to the effect that the basic baccalaureate graduate is the person prepared to perform the expanded role of nursing. Some of the ideas which prevail in the papers are summarized here.

—The expanded function of nursing is the role the basic baccalaureate program was developed to fulfill in the past, but it is only recently that nursing is being asked to perform this function.

—The expanded role is nothing more than augmenting the preparation of the nurse: the B.Sc.N. graduate, as she gains experience, fulfills the expanded role; the Master's graduate (nurse clinician, clinical nurse specialist, or whatever) develops and expands this role in nursing further.

—Some perceive the expanded role at the B.Sc. and M.Sc. levels in all phases of health care, primary, acute, chronic, etc., others appear to limit the role to the primary care settings.

—What seems to differentiate diploma, B.Sc., and M.Sc. programs is that the graduate functions at different levels of assessment and skill. In other words, the expanded role assumes increasing ability to assess, thereby augmenting the capability of the individual in nursing. The graduate of each type of program may be an expert practitioner, but the basic nature of practice is a function of educational preparation. The assessment tools which are now being added to the basic baccalaureate curriculum are that of physical assessment and medical history taking, however efforts are being made to strengthen other assessment skills of the nurse.

—It would appear that our expanded role is directed toward those needs of people which, heretofore, have not been dealt with to any great extent, that is, family health over time stressing the features of comprehensiveness, universality, availability, and continuity. Might the expanded role in collaboration with other health professionals have as its goals:

To build family health practices in ways that are constructive and developmental to the family as well as individually to its members and, collectively, to the community.

To foster an environment in the family which supports the integration of illness when it does occur, both acute and chronic, in as healthful a fashion as possible.

To care for sick individuals with all types of health pro-

blems within the context of their families in ways that protect life and develop the human potential for healthy living at all stages of development.

It may be seen from these goals that the expanded role of nursing takes place in all health care settings — hospital, clinic, health center, community, family, etc. As has been stressed in a number of the papers, we are now in a position to explore and examine what the expanded role of nursing can be in achieving these goals.

If the demonstration of the expanded role by the baccalaureate graduate is to be supported by government, other health professionals, and citizens, how do we go about it? It would appear that our present efforts are directed toward developing and implementing a curriculum to prepare the baccalaureate nurse for this role. We are encountering major difficulties in locating situations in which students can practice the role *in toto*. Furthermore, the nature of employment for the graduate poses a problem. Can we wait until we have prepared a sufficient number of graduates practising in the expanded fashion to show what nursing can do? We think not. Our developing health services cannot wait.

Concomitant with our emphasis on the educational preparation of the baccalaureate nurse, is our need for a few well-planned, adequately funded demonstration centres across the country so we may describe, assess, compare and evaluate the nature of the expanded role of nursing and the outcomes for health services and for people. We cannot hope for backing, receive sufficient moral or financial support, nor have our beliefs about the expanded function of nursing understood or taken seriously, until we can demonstrate within a research framework the nature of our services and their value to society. In collaboration with other concerned groups, the development and demonstration of new types of nursing services is a responsibility of the university school.

Plans to expand the role of the diploma graduate by adding physical assessment, medical history and appropriate treatment procedures have been expeditiously carried through with strong support from many medical faculties and from Health and Welfare, Canada. How do we proceed to demonstrate the expanded function of nursing in organizing new types of services designed to fill the gaps in the present health care structure and to meet needs which to government and health professionals are ill-defined and, to a great extent, largely ignored?

#### *Reference*

1. Dorothy J. Kergin, May A. Yoshida, Mary E. Tidey. *A Study of Nurse Activities in Primary Care Settings*. School of Nursing, McMaster University, Hamilton, 1972.