

STATEMENT ON THE EXPANDED ROLE OF THE NURSE

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The term, "expanded role of the nurse", may be viewed within the historical perspective of nursing, and the roles nurses have assumed in the provision of nursing services. But for an accident of history, nursing might have pioneered the field of preventive health care. Nurses in the pre-Christian era were concerned to a very high degree with life styles of people, environment and sanitation. Midwives and nurses practised their arts of caring and healing independently. It was not until the development of the science of medicine that nursing seconded itself to medical concerns. At this point the nursing role, as envisioned by its leaders throughout the ages, became subverted. A larger percentage of nurses followed the medical model related to illness care than those nurses who saw nursing in the broader perspective of health. As a result, educational preparation for nurses became oriented to a focus of illness rather than to aspects of prevention and promotion of health about which little had been scientifically determined.

Traditionally, in the Western world, the educational preparation and indeed practice of the nurse, has been geared for functions in a dependant role in an institutional setting. The classic curriculum of educational programs ordered content directly on the medical model, and practice was organized according to the hospital ward patient classifications. The major focus in such traditional education programs has been on providing the graduate with the knowledge and skills to provide care in episodes of illness, with only limited concern for health care directed toward increasing the patient's ability to prevent illness and increase his level of health. The result of such an approach is that 80-90 percent of nurses have been caring for the 10 percent of the population requiring institutional care, while only approximately 10 percent of nurses have been involved in the care of the 80-90 percent of the population in the community. This meant that while illness needs of the population have been, on the whole, adequately met, health needs have been provided for in only a limited way through community nursing and medical services. Preparation for health care in nursing has only been provided in university programs which were late to the educational scene.

Recently, advances in health knowledge and technology and increasing consumer awareness have combined to create a change in society's expectations of health care. Care during the whole of the health-illness continuum and throughout the life span is now seen as the right of each citizen. A demand for the redistribution of health services to enable the population to have direct access to health care services has been evidenced. These pressures have contributed to the formulation of primary health care and, with this development, what has been called the expanded role of the nurse. This is essentially a return to the early concepts of health care as practiced by nurses, but with the advantage of a scientifically based approach to all-encompassing health care, with the nurse seen as part of a team of health care workers. How nursing develops this role is in part dependent on its conception of health.

The phenomenon of health may be described as man's capacity for utilizing energy from within his being and the universe. In the utilizing of energy, man actualizes his potential for being in its many ramifications of growth and development(1). Health is a relative affair, that represents the degree to which an individual can operate with effectiveness within the particular circumstances of his heredity and his physical and cultural environment. Such a definition implies that deviations in health are episodes in the lives of people. Using this definition of health, and recognizing that individuals, families and communities may exist in varied states of health, the professional nurse can be seen as a primary contact for citizens' entry into the health care system. This is so at whatever point contact is made by the client within the system, or the client is contacted by health workers.

Nursing's concern is with man in his entirety, focusing on his health and the energy expenditure involved in coping with a multitude of events — biological, psychological, sociological and spiritual — which affect his health. Man is seen as moving through a growing complexity and organization of his being, and toward self-actualization. Concern for man at all stages of life, conception through death, is inherent in this concept.

Professional nursing is characterized by the one-to-one client-professional relationship in simple and highly complex care contexts. In that one-to-one relationship, the nurse is a part of the universe(s) of health in which an individual finds himself(2). The most consistent universe in which the nurse deals with the client is the family or living unit universe, but he/she also deals with groups of clients in various community and institutional settings throughout their life span and whenever the universe of health changes — for example, when social or environmental influences impinge on individuals or on

their living unit, and where illness or disruption of life style is a result. In this respect, the health field concept is appropriate and basic to provision of nursing care(3).

The functions of the professional nurse in the expanded role will include:

1. Assessment of the health status of individuals and families, and of communities to a limited degree.
2. Screening clients wherever encountered in order to identify and sort patterns affecting health, and make decisions regarding priorities of interventions related to identified patterns.
3. Participating in the joint evaluation of data gathered from such screening activities with all health professionals in order to develop plans of care for individuals, families, and groups.
4. Provision of family planning services, institution of care during normal pregnancies and deliveries.
5. Planning with individuals in regard to their personal health care needs, and those of the recognized living unit to which they belong.
6. Management of care within mutually agreed upon health care plans developed by selected clients and their health care personnel. (Selected clients are defined as those in a stabilized phase of a long-term health problem.)
7. Consultation and collaboration with health professionals and the public in planning and instituting health care programs.
8. Providing leadership in the use of health care facilities and in initiating innovative avenues of care for clients.
9. Management of care for groups of clients in collaboration with other nursing personnel.
10. Assumption of responsibility for involvement in research through identification of researchable problems, participating as appropriate in research projects arising from delivery of health care, and utilizing research findings in the implementation of the nursing process.
11. Involvement in professional service through active participation in organizations and agencies concerned with the quality of health services to society.

All of these functions are directed toward enabling the client(s) to use available resources in the environment and to alter life styles as necessary in the direction of maximizing potential for health. Because all the indices of health have not as yet been clearly delineated, the functions of the professional nurse are likely to change. It is the baccalaureate nurse who is best fitted from her background of knowledge and skills to identify such indices in the process of practising her nursing role. The baccalaureate nurse is prepared to work in any setting within the health organized system and to work in close collaboration with others or independently as the setting dictates.

There are two components to the professional under-graduate curriculum; nursing and general education. The general education component provides the student with a broad base of knowledge from the biological, physical, psycho-social sciences and humanities. This knowledge is applied and integrated with nursing knowledge in the nursing component. A nursing process model is utilized to provide for

integration through a systematic approach to the client(4). It enables the student to develop a high order of cognitive, psychomotor and affective skills. Learning experiences are designed to foster a sense of professional commitment and accountability for the quality of one's practice, based on a sound knowledge base. Such experiences enable the graduate to function interdependently as well as independently. To maintain quality of nursing care in practice, continuing education programs must be provided for the professional nurse to maintain and increase knowledge and skills in line with advances in all aspects of the health care field.

Adjustments in the health care system are necessary to enhance the ability of nurses to provide primary health care. The nurse must be accepted by all members of the health team as a collaborator and colleague. Such acceptance is fostered by interdisciplinary education at the undergraduate level, where students in the health professions share decision-making in the provision of health care. Changes in the organizational structures of agencies so that the nurse is accountable to the client for her decisions and care, and is subject to few of the hierarchical restraints of the organization, will further enhance movement of nurses into expanded roles.

Other needed changes include clarification of functions and relationships specified in nursing and medical practice acts, and creation of a system whereby nurses can receive direct remuneration from major third party payers. Whether the decision is made to provide nurses' remuneration through salary or a fee-for-service arrangement, the monies received should be commensurate with the level of responsibility assumed. As with any other professional worker, as skills are expanded and increased in number and quality, a new "practitioner" is not created, but a practitioner is simply enlarging her scope of responsibilities. This negates the need for a new "category" of worker being introduced into an already complex system of health care, with all its legal and economic ramifications.

We are coming full cycle in nursing. How we perceive our role depends on how we perceive nursing — health oriented and comprehensive in scope, or illness oriented and bio-physical in scope. Nursing has always recognized man in his entirety — bio-psycho-social and spiritual — and has prepared practitioners to provide what has been called comprehensive care. Expansion of the role of the nurse to include skills of assessment, management of clients with long-term illness and other care, hitherto the function of medical practitioners; health counselling and other such skills, is only taking advantage of the resources the professional nurse has to offer. Much of what has been considered an expanded role has been carried out by many

nurses in isolated areas. What is new is a serious concentration on mastery of these skills, adding some new ones and assuming responsibility for these actions as part of the nursing function. At the same time, accessibility to the nurse through all avenues of service, will provide the kinds of health and illness care now being demanded by citizens.

References

1. Ludwig von Bertalanffy. *Problems of Life: An Evaluation of Modern Biological Thought*. London, Watts and Co., 1952, p. 216.
2. Hildegard Siegal. "The Universe of Health: A Conceptualization", *Nursing Forum*, Vol. X, No. 1, pp. 32-35, 1971.
3. Marc Lalonde. *A New Perspective on the Health of Canadians*. Ottawa, Information Canada, p. 76, 1974.
4. Faculty, School of Nursing. *Guide to the Systematic Assessment of the Health Status of the Individual*. Winnipeg, University of Manitoba, 1973. n.p.

Also, Canadian Nurses' Association. *Countdown 1973*. Ottawa, Canadian Nurses' Association, 1974, p. 131.

The QUERY AND THEORY column will resume in the Fall, 1974 issue, with responses to the question posed by Moyra Allen, on nursing demonstrations in community health, and to Irma Riley's query on priorities in post-operative patient care. What problems, issues, ideas occupy your thoughts at this time? Send your questions to the editors!