

# POSITION PAPER: EXPANDED ROLE OF THE NURSE

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Why is it necessary at this time to articulate a position on the "expanded" role of the nurse? It is true that for some time now there has been a notable public outcry against fragmented and expensive health care, as well as increased public awareness of appropriate and satisfactory health care. The question, however, remains whether or not an expanded nursing role will have the desired impact on the health care delivery system. In other words, if nurses share a greater responsibility in heretofore medical procedures will public demands be more effectively met?

The question must also be raised as to whose role is expanding. For many years registered nurses in special settings have performed what are now seen as "expanded" functions. In remote areas, as well as other situations when a physician is not available, nurses have engaged in patient assessment and carried out primary care. One issue which seems to be open for debate now is whether or not nurses are to engage in primary care in settings when the physician is present and if, in fact, this will solve the health care delivery system dilemma. Perhaps, another alternative might be to lift the medical school student quotas which would bring many more doctors into the labor force; of course, with the well known economic consequences to the medical profession.

If, however, the solution of choice is the "expanded" role of the nurse, the key issue to be addressed is that of utilization. In the Maritime Provinces, there are few settings in which baccalaureate nurses are given the autonomy and independence to practice to their level of expertise, since nursing practice seems to always be legitimized by institutions or other professionals. We must now redefine our professional norms and grasp our own autonomy in order to insure appropriate utilization of these new skills(1), as well as functions already included in the Dalhousie — Mount Saint Vincent curriculum.

In reviewing the Boudreau Report, it is increasingly clear that the only gaps which are currently present in our curriculum are physical assessment skills and the ability to make knowledgeable treat-

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ment decisions in collaboration with a physician. If these areas are included, how can we best assure implementation that will provide optimal patient care?

The key lies in interdisciplinary collaboration whether it be in episodic or distributive care settings. The client can best be served when two health professions join together to provide skillful and comprehensive care(2). If we are not to lose sight of nursing's raison d'être, we must address ourselves to our own professional liberation and establish our professional boundaries and norms in an effort to achieve legitimate power and authority(3).

#### *References*

1. Louise Murray, "A Case for Independent Group Nursing Practice," *Nursing Outlook*, XX (January, 1972) 60.
2. Theresa Chopoorian, "Preparing Nurses for Family Health Care," *Nursing Outlook*, XX (January, 1972) 54.
3. Murray, "Independent Group Practice," 60.

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