

EXPANDED ROLE? EXPANDED RECOGNITION, EXPANDED OPPORTUNITY

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To write a statement for a nursing journal in the summer of '74 on the expanded role of the nurse is like carrying coals to Newcastle. Articles and statements abound until the jargon has become jaded and one wonders what is expanded about the work of either a nurse-practitioner or a clinical nurse specialist.

The generally accepted definition of the nurse-practitioner as "a nurse in an expanded role oriented to the provision of primary health care as a member of a team of health professionals relating with families on a long-term basis"(1) recognizes abilities and skills with which nurses have been equipped, and which they have used for many years. The Boudreau Report in discussing the role of the nurse-practitioner, clearly indicates two viewpoints on the function of the practitioner: "the recognition of an expanded and well-defined role for nurses as nurses", and "the utilization of nurses to assist physicians in carrying out *their* functions"(2).

To assume that the nurse is an extension of the doctor is nothing new; medical care plays a vital role in health care through diagnosis and treatment of disease and nurses have long assisted doctors in this function. Medical care, however, is not the only component in the broad concept of health care, and other health professionals must assume parallel, not subservient, roles. Many reports and much attention have been dedicated to the nurse-practitioner attached to either a group or single physician practice. We must recognize that this is only one setting for primary health care and one which frequently focuses more strongly on illness than on health. Until more experiences are documented from a wider variety of settings, particularly with an emphasis on health, the definition of the role of the nurse-practitioner will tend to a narrow interpretation and the component of the "role for nurses as nurses" will remain confused.

A restrictive interpretation now, presents real dangers for nursing, especially as it relates to possible certification, payment and utilization of the services of the nurse-practitioner. It is premature to develop regulations which in the long run may have the effect of packaging nurses in the same boxes under new labels to fill roles which perpetuate a confined traditional approach to medical care. At a time

when "there has been an apparent increase in the awareness of the contribution which nurses can make to patient care at the primary level", coupled with "support for greater and more effective use of nursing skills,"(3) it seems opportune to try new innovative approaches. As Gilchrist states "we should not be content to follow along directions determined by others but should negotiate our position from a base which includes research, learning, administrative and above all, nursing practice knowledge"(4).

Like other university nursing schools, the Faculty of Nursing, University of Toronto has been deeply involved in discussions, reports, demonstrations and evaluation projects related to the nurse-practitioner. The Faculty has expressed the belief that preparation for primary care nursing should be included at the baccalaureate level. In examining the educational requirements for the nurse in primary care settings, the Faculty identified three levels of education essential to provide strong nursing input into health care services: initial preparation at the diploma and baccalaureate levels and advanced preparation at the graduate level. Preliminary data obtained by faculty members regarding learning needs of the baccalaureate students for functioning in selected primary health care settings support the view that baccalaureate graduates have the potential for functioning effectively in primary care settings(5). As roles and functions evolve it is to be expected that modifications in the curriculum will be required. While the major Faculty responsibility rests in the preparation of graduates at the baccalaureate and master's levels, recognition is given to the importance of short-term continuing education courses for graduates of all levels. This thrust is a reflection of the stated purpose of the Faculty "to advance quality in patient and family care through graduate, undergraduate and continuing education of nurses, and to gain increasing knowledge and understanding of patient care and community service by systematic investigation and research". It is further emphasized by the recently accepted priorities of the Faculty: to extend the graduate program, to expand and strengthen the baccalaureate program, to develop further the continuing education program.

Any consideration of an expanded role for nurses must include not only the nurse-practitioner prepared to work in primary care settings but also the clinical nurse specialist prepared to work in each of the primary, secondary and tertiary care settings. Again questions have been raised, whether indeed the clinical nurse specialist is functioning in an expanded role or whether the term is redundant. Simms indicates that "what the clinical nurse specialist is doing in patient care is based on advanced knowledge and experience that the

beginning practitioner does not yet possess. But to my thinking, every beginning practitioner in nursing should be a budding clinical nurse specialist, given the motivation, advanced education and practice conditions" (6).

Problems of terminology aside, the development of programs at the graduate level to prepare nurses to function effectively in this role must have top priority in nursing education. In Canada we sadly lack the numbers of nurses needed with advanced knowledge and experience to provide leadership in health care services, education and research. Our sights should be turned to the immediate task of developing educational programs to meet this need. We cannot afford to be diverted from this essential task. If indeed what has expanded is not so much the reality or potential of the role played by nurses of this calibre but recognition of it, now is the time to concentrate our resources and to elicit the support of government, health professionals and citizens in our efforts to provide the appropriate nursing education programs.

References

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4. Joan M. Gilchrist, "The Roles and Functions of Nursing," *Nursing Papers*, (December, 1973), 30.
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