

# EDUCATION FOR THE NURSE IN PRIMARY HEALTH CARE

PHYLLIS E. JONES AND NORA I. PARKER\*

Professors, Faculty of Nursing

University of Toronto

The provision of health care services in Canada is an activity which is presently experiencing pressures from a variety of sources. At least three recent and interrelated developments are identifiable as having marked implications for nursing education: 1. the many recent official studies of health services organization in Canada; 2. the proliferation of investigations at the operational level of segments of primary care services; and 3. the increased awareness of the skills which nurses can bring to primary care services. It is the purpose of this paper to sketch these three developments and to discuss their implications for the education of nurses.

## *STUDIES OF HEALTH SERVICES ORGANIZATION*

Since the Royal Commission on Health Services completed its comprehensive study and published its massive report ten years ago, there have been at least nine national or provincial studies of the health services system or some part of it. Without exception, these reports have urged greater attention to the availability of health services outside of the acute care hospital; all have included, implicitly or explicitly, recommendations which would result in increased utilization of nursing skills in primary health care.

## *OPERATIONAL STUDIES OF PRIMARY HEALTH CARE*

Although vast quantities of literature have originated in the United States and Great Britain, in Canada, (with two exceptions) reported attempts to bring more comprehensive nursing functions into closer association with private medical practice have been limited until very recently. Two early reported trials suggested two methods of employing nurses in private medical practices: direct employment of the nurse by physicians or attachment of an agency-employed nurse to physicians' offices. (1, 2) Many developments in primary health care services in this country have followed one or the other of these two patterns.

In recent months there has been a notable increase in Canada in the numbers of studies in the private sector of primary medical care

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services. A search of the literature revealed that 27 Canadian reports had been published between 1971 and 1973 which included nursing functions as a focus of attention.\* All of these investigations were carried out in general medical settings, in contrast to the United States where attention has, in the main, centred on the roles of practitioners in specialized ambulatory care settings. This difference may be attributable in part to the recent development by Canadian medical schools of clinical units for the teaching of family medicine. Many of the studies reviewed were based in these clinical units. However, a number were based in non-teaching practices; additional such studies were in progress and had yet to report at the time of the review.

The approach to these studies was commonly one of introducing innovation in the use of nursing skills in one of three ways: the employment of nurses by physicians, the attachment to doctor's offices of nurses employed by nursing agencies, or a specified change in the way in which the nurse functioned in the setting. The design of these investigations varied: some were descriptive and some experimental. Methods used also varied but were generally one or a combination of two or more of the following: participant description of experience, observation of professional activities, interview with professionals and/or patients and monitoring of service records.

Review of the reports of these studies showed that aspects examined included: time and activities of doctors and nurses, nursing caseload, productivity of practices, patient acceptance, professional satisfaction, and quality of care. Patient acceptance of the nurse in these new roles was the most frequently reported finding; functions of the nurses were also frequently described, as was the increased level of their decision-making in patient care activities. Practice productivity was reported by some investigators to be maintained or improved. Quality of care was reported by some studies to be improved although the limitations of measurement techniques were recognized.

#### *INCREASED AWARENESS OF NURSING SKILLS*

Partly generated by these published studies, there has been an apparent increase in the awareness of the contribution which nurses can make to patient care at the primary level. Other factors contributing to this heightened awareness have been the educational programs for nurse practitioners (3,4,5) and the work of the Committee on Nurse Practitioners, appointed by the Department of National Health and Welfare and chaired by T. J. Boudreau(6).

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\* An article reviewing these studies prepared in January, 1974 by the present authors is available from them.

In addition, professional organizations have recorded support for greater and more effective use of nursing skills (7-10). Recommendations have been made regarding the functions of and the preparation required for these workers (11-14) as well as continued exhortation for increased supply (15). The Boudreau Committee recommend "that the basic preparation of nurses, both at diploma and university levels, be suitably modified to reflect this broadened concept of nursing" (16). Support for this view comes from influential sources: The Canadian Medical Association (9) and The Canadian Nurses Association (9, 10). In contrast to the situation in the United States, where physician assistants have recently emerged, in Canada there is no apparent serious disagreement with the view that nurses are the appropriate professional workers to be employed more effectively in primary health care.

### *IMPLICATIONS FOR NURSING EDUCATION*

These three developments, government recommendations, operational research and a heightened awareness of available skills, taken together suggest that increased utilization of nursing skills in primary health care services is in the offing. There is some argument that the functions of a nurse practitioner do not, in fact, represent a "broadened concept of nursing" (16). The widely-accepted definition of a 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" (17) suggests that she will be exercising skills which nurses have been equipped with and have been using in many settings for many years.

The authors do not in any way question the underlying concept of increasing nursing input into primary care services, although they are aware of the many financial and legal problems to be solved (18-21). It is their view that if primary health care means "preventive and health maintenance services in the community; diagnostic and therapeutic services offered in physicians' offices, in clinics or in health centres; home care services for those who are ill; and rehabilitation services for those who require them", (22) increased nursing input is an appropriate and desirable goal. Nor do the authors question the concept of the nurse-practitioner.

What is in question here is the educational route by which nurses will reach employment in primary health care services which, by definition, include physicians' offices. This paper argues for adopting an educational approach which will be sound in the long term rather than proliferating short-term educational endeavours. It argues that the approach taken to nursing education in baccalaureate programs,

including as it does an emphasis on the health-illness continuum and a problem-solving orientation and transcending the hospital setting in the giving of care is soundly related to the attitudes and skills required in primary health care services.

Many studies have examined a closer working relationship between private medical practice and preventive health services. The idea of bringing together preventive and curative services is not a new one. In fact, as Milton Roemer has recently pointed out, their separation has been a phenomenon peculiar to North America and Britain, largely "owing to the rising strength of private medical practice and the political influence of the independent medical profession in those wealthy industrialized countries"(23). The combination of preventive and curative services is a concept which is not foreign to nurses educated in university settings. In baccalaureate education, health and illness are visualized as being on a continuum, with nursing playing an important role at all points along the continuum, that is, promotion of health, prevention of disease, care during illness, and guidance during rehabilitation. In order to develop this concept of the health-illness continuum, along with skills in nursing all patients, students require a variety of planned learning experiences working with other than acutely ill persons, for example, chronically ill, ambulatory patients, mothers and babies, etc. In contrast, in diploma programs traditionally placed in hospitals, stress has been on the nursing requirements of sick patients in the acute care facilities provided by hospitals. While some change in emphasis in diploma programs is foreseeable in the future, it is probable that the main thrust of these programs will continue to be related to nursing care in hospital settings. Baccalaureate programs will continue to emphasize health care for patients and families whether the setting is within the community or within the hospital.

Moreover, a sound and broad basic preparation is particularly important for primary health care services, where nurses require a knowledge of health as well as disease processes, an understanding of social and cultural factors affecting health and illness behaviour, and an ability to assess the patients' and families' health status. With these factors in mind, it is not surprising to find some observers commenting that "public health nursing is possibly closest to the primary care role and in the future may be indistinguishable from it"(24).

Despite differences of opinion regarding the "newness" of the functions assigned to the nurse practitioner there is little doubt among the characteristics of the role which *do* make her a new entity are the expectations for more independent decision-making and the medical practice settings in which she is, with increasing frequency, being

asked to exercise this decision-making ability. Baccalaureate education emphasizes a problem-solving approach based on a depth and breadth of knowledge which it is not possible to acquire in a two-year program where technical skills and teaching of specifics are rightfully emphasized; the latter approach results in a nurse who functions extremely well within well-defined parameters. A part of the problem-solving approach on the other hand is the ability to make accurate, systematic assessments on which to base nursing decisions; it follows that this ability can be developed best in a university program where such an approach is stressed.

Also important in primary care settings, where interdisciplinary team functioning is increasingly possible, indeed inevitable, is a well-developed ability to make decisions not only independently but also interdependently with members of the health team. In both diploma and baccalaureate education, the student is expected to develop skills in working with other members of the health team. However, here again, the goals and therefore the required learning experiences differ. The difference may be best described as learning to comply with the directives of other members of the health team versus learning to collaborate with them. The dependent functions of the nurse are of paramount importance in diploma education; in contrast, baccalaureate education attempts to stress leadership skills and ability to work with others on a colleague basis.

For these reasons alone, university education is viewed as the appropriate, if not vital, route for large numbers of nurses in primary health care services in Canada. There are additional differences in the preparation of diploma and baccalaureate nurses which add weight to the argument. The development of research and teaching skills are other areas of competence emphasized in baccalaureate preparation, and these competencies are urgently needed in primary health care services. The predicted increase in patients being cared for at home and in other non-hospital facilities embraced by the definition of primary care will result in increasing need for specialized clinical nursing skills, available only through masters' preparation.

In primary health care, as in secondary and tertiary health care, nurses need a sound and broad basic education to provide them with knowledge and skills which can be transferred from one setting to another, within or without primary care. To provide less than this is a disservice to the student. Of even greater import, however, are the needs of the patients to be served; and since their future needs and demands cannot be reliably predicted in the present, future practitioners require a sound knowledge base for the required flexibility.

If, then, the expectations held for nursing in primary health care



services are, in fact, increasing, nurses must be prepared soundly from the beginning to contribute adequately of their potential. To do this requires that the attitudes, knowledge and skills identified above be developed through levels of increasing complexity as in university nursing education; because of (rightly) differing education objectives, diploma graduates must modify attitudes as well as acquire additional knowledge and skills. To deliberately plan to prepare nurses widescale by adding on supplementary courses to diploma education would distort that education and would surely be wasteful of the time and talents of candidates, of the scarce energy of faculty and hence of the limited resources of this country.

There is some evidence to support the belief that, as suggested in the Boudreau Report, some baccalaureate programs would require little modification. A study of the learning needs of students practising in physicians' offices in 1973 suggested surprisingly few gaps in knowledge and skills(25). Despite the findings of a survey of nursing educational programs in June, 1972, which indicated that only three taught how to do physical examinations(26), some universities have already reported success in integrating in their baccalaureate programs the learning experiences required for the functions of the nurse-practitioner(27-30), thus demonstrating the feasibility of this approach.

This approach to educating nurses for these evolving roles seems sounder in the long run and appropriate to the needs of this country. There are a number of characteristics of the Canadian scene which make it unwise to follow, without modification, developments in other countries, particularly the United States. In the first place, there is, apparently, no real shortage of doctors, except in certain regions. Secondly, the development of family practice as a medical specialty has reversed the downward trend of physicians in primary care. These facts suggest that, quite rightly, this country will not rely heavily on nurses as primary contact professionals functioning independently and in isolation. Thirdly, Canada's limited resources and population require that wise future-oriented policies be adopted for the sound preparation of professionals who can function in a flexible manner in a variety of settings.

### *SUMMARY*

Studies of health services in Canada urging, as they do, increased emphasis on primary care services, and the recent proliferation of studies of nursing at this level of care, combined with dialogue regarding the nurse practitioner, have resulted in an increased awareness of nursing's potential contribution to primary health care. This

paper discusses these developments and argues for basic baccalaureate preparation for the role to meet the health needs of the population of Canada.

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