

A l'heure actuelle, un comité de rédaction composé de six membres, représentant trois universités, procède à la lecture de chaque article soumis. En vue d'améliorer le journal, ce comité a adopté les deux méthodes suivantes :

- avec la permission de l'auteur, il soumet un article à d'autres infirmiers experts en la matière et publie la réponse de ces derniers en même temps que l'article original ; et
- il offre des suggestions en vue d'aider l'auteur à développer davantage le sujet.

Dans la plupart des cas, le choix entre ces deux solutions est laissé à la discrétion de l'auteur. Mais si nos lecteurs ont d'autres idées à nous suggérer sur la façon d'aborder ce problème délicat, nous les encourageons vivement à nous en faire part.

M.A.

LETTER

To the editor :

The Summer, 1974 issue of Nursing Papers has raised a number of conceptual questions in my mind which I should like to focus upon a practical situation:

The patient approaches the reception desk, stops, places her hands on it and coughs slightly. The nurse seated there neither looks up nor greets the patient but rather, continues to devote her whole attention to the papers before her. After a wait of several minutes the patient says "Please, could you help me?" and pushes forward a card. The nurse takes it grudgingly, waves her hand toward a consultation room at the end of the corridor and says, shortly, "You're at the wrong desk. Go down there." The patient has an appointment at the eye clinic for cataracts on both eyes.

I neither claim nor fear that this situation portrays the typical nurse as she nurses. However, it describes a harsh incident which might be kept in mind as we discuss the "extended role of the nurse". Such a discussion is particularly fraught with danger as it arises from both the world of nursing practice and the world of concepts. As nurses, we are primarily a "doing" profession rather than a "word" or "theory" profession. As we struggle to operate from a scientific base and to further develop our discipline we are acquiring the skills for working with concepts as well as clients. Unless we proceed with caution, however, the very words we seek to harness will serve only to entangle and confuse us.

Any discussion of the "extended role of the nurse" faces at least the two problems of definition and value. The concept "extended

role" has taken on multiple meanings which are at times evoked sophistically by researchers, educators and administrators when they are seeking funds, justifying changes or stimulating professional interests. The nurse functioning in the community health center, attempting to provide "comprehensive care" (another concept which demands cautious consideration) plays a role very difficult to equate with that of the nurse who assumes a series of functions and/or tasks ordinarily proper to the medical profession. While either role might be particularly relevant, the two meanings must be kept discrete in any one context. One meaning may not be evoked at the beginning of a discourse and another at the end, nor one when the reader or listener is likely to understand the other.

As well as finding a clear and inclusive definition of our concept we must also be prepared to "operationalize" the concept in the world of nursing practice. How could we apply the concept in the situation we described? Can this nurse's role be extended? Can the roles most nurses play be extended? Or can we ask only how the nurses of *tomorrow* might learn to function in an "extended role"? What is the base for such an extension? In what directions can or should it proceed?

A second problem raised in considering "extended role" is that of value. As a service profession, we must be concerned with effects or products; as professionals with scientific and/or intellectual aspirations we must learn to evaluate concepts on their own merits. In both cases we must avoid valuing any idea or concept simply because of extraneous connotations and current fashions. Certain sets of words which represent productive and worthwhile ideas may at the same time possess "slogan value" which can hide or distort their true worth. The "extended role of the nurse" seems to carry with it connotations of growth, development and even evolution, notions already accorded value in our society. It may even call to mind the economic maxim that "an economy that is not expanding must contract". These phrases are very much in tune with the aspirations of a group which at this time seeks professional status. However, these connotations should be viewed as side or even untoward effects of the popularization of a concept; they must not be mistaken for the principal or desired outcome of effecting particular changes in the approach and activities of a professional group, through a rational process.

In the situation we presented at the beginning of this discussion, the concept "extended role" could only have value as a watch word or in terms of motivation. Neither of these would seem to be the purpose of those who have worked to refine and develop the "extended

role of the nurse". The incautious use of this, or any other, phrase leads to widespread lip-service rather than to the effective conceptualization and operationalization of a concept which could prove central to the growth of our profession.

Rather than applauding the intuitive worth or the intellectual elegance of a concept, we must understand and weight it. Then we can either reject the concept as inappropriate or unimportant in the practice and/or teaching of nursing, or we can accept, develop and attempt to utilize the concept in terms of its carefully measured value. We might ask ourselves: how valuable is the present role of the nurse? May it be effectively and valuably extended? And, only then, how may it be extended?

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