EDITORIAL

We are introducing a new column entitled "Viewpoint" in *Nursing Papers*. It will permit subscribers and contributors to express opinions and ideas more fully than they might in "Letters to the Editor" and more easily than they might in an article. Through "Viewpoint" it is hoped that we will attain a more comprehensive understanding of regional perspectives on all aspects of our professional endeavour.

> At this time we are aware of the Chief Justice Emmett Hall's review of our present health insurance plan. What do you think of the ideas conveyed in Viewpoint which follows?

VIEWPOINT

NOTES ON THE CONTRIBUTION OF NURSING TO HEALTH CARE

A review of health services in Canada is presently in progress. Nursing has a vital role to play in reorienting the health care system to goals more appropriate to our rapidly changing society.

The major shortcoming of our present health insurance plan is that, although it has undoubtedly improved the organization and delivery of health care, it is providing the same type of health care as in the past, mainly diagnostic and curative with some prevention. This type of health care is viewed as comprehensive by health care planners and — once it becomes available, accessible, and universally distributed — as successful. Hence, we have seen a resurgence of ideas relative to health care planning, availability of services at the local or community level, team work, and a more rational distribution of the tasks of health professionals. Herein lies the basic fallacy: the assumption that we needed more of the same type of health care and that the real problems were ones of organization and delivery of services. Through this approach, expectations have been raised for unlimited development and progress through the vast and costly technology of medicine.

Having reached a pinnacle in the expansion of technology and in the consumption of resources in our society, we are now beginning to question such a philosophy and the values which it implies. As our views gradually shift we are thinking more about cost containment and the development of renewable resources (Knelman). The strength of the health care system lies in its potential to contribute to the development of human resources, that is healthy people, healthy

families, and healthy communities. First it is necessary to separate the ideas of health and illness: they are different ideas, different variables, they are not unidimensional and they are not continuous. Disease and the prevention and treatment of illness denotes extensive technology, energy consumption, expensive biomedical research, centralization in cities, high costs, long and costly education of professionals, and although of some benefit to all it serves mainly a small percentage of the population at any point in time. Health, on the other hand, is fundamentally a social process based on interpersonal attributes and learning phenomena. It can be communicated readily within institutions such as the family and the school and across groups and people through the media. Comparatively, it requires only moderate outlays of funds for the education of health professionals and for research. It would benefit the whole population at a much lower per capita cost than the per capita cost of the present system for the population it serves. In looking to the future of Canada as a conserving society with emphasis on the development of renewable resources, it is clear that Health Insurance Plans must transfer a much larger share of available resources to the real health dimension of their operation.

It is unfortunate that health and illness are dealt with in the same ministry, departments, and set of institutions. Health receives short shrift, in fact it is perceived within the same philosophy and set of principles as disease and illness. At the moment, the health market in this country has been cornered not by "health" professionals but by commercial enterprises — foods, diets, equipment for physical health, supplies, regimes, studios, and so on. Social scientists, having discovered the territory of health, are providing most of the new knowledge available. This knowledge is being used in many spheres: in social marketing, by social science clinicians, and by voluntary groups. To date the growing body of knowledge about health and healthful living has all but escaped our tax supported health insurance schemes as it continues to support the vested interests of the traditional "health" professionals.

A major upheaval in the philosophy underlying health care is required. Our priorities should be directed toward the development of healthful living styles, of healthy families, and of healthy communities. It is time to identify and to plan for the resources that are required. As a social phenomenon, health tends to be an attribute of a group, or of a family or community. The individual is, to a large extent, healthy as a reflection of some larger unit. Health is related to potentials, strengths, and aspirations and not to inadequacies, lack

and limitations. What are the resources that families/groups require to recognize and develop their potentials for healthful living? How can professionals work with families in this process? These are the questions that health service planners need to ask.

Nursing in its most recent publications, demonstrations and research projects sees a broader scope for the function of nursing in our society — a role in which nursing is the primary health resource for families and for the community. Health not illness! It is not that illness is disregarded, but that it is integrated within family and community life, it is a feature of the health of the community, but only one. It is urgent that nursing outline in detail its function in the promotion of health, that is its goals, roles, and actions. A report to government of this nature along with the report already presented by the medical profession[1], would do much to provide at least the base upon which to establish the health component of primary health care for individuals and families (Spitzer, the Task Force Report, 1979).

In comparing the practice of nursing across three family medicine units recently, we found that clients served by these units were helped with a greater number of problems and more effectively when nurses concentrated on health *as opposed* to illness problems, that is when nurses assisted clients to cope in a healthy fashion with life situations including illness. Nurses who concentrated on the health problems of their clients saw their clients more frequently than nurses who concentrated on illness problems, were readily available to them, and worked with them to achieve goals related to health (Allen, Smith & Gottlieb). In another project entitled "The Workshop — A Health Resource: A Prototype in Community Health Nursing," we have been exploring and developing a practice of nursing directed towards family and community health (Allen, Warner). Some of the questions we are examining within the practice of nursing are as follows:

—What are the attributes of a healthy family?

— What factors influence the development of healthful living styles?

— How do families learn to be healthy?

— How can people be motivated to spend time and energy on health matters?

— How can the family, instead of just the mother, be persuaded to pursue the family's health?

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[1]The medical profession has already outlined its role in prevention of disease in the Task Force Report on The Periodic Health Examination printed in the *Canadian Medical Association Journal,* November 3, 1979, Vol. 121.

The evaluation of this work, both the practice and the service, considers the extent to which client/families are involved in a learning process, learning to cope with the usual happenings in the life process: birth, growth and development, parenting, crises, family relationships, goal achievement, chronic illness, retirement, aging, etc. With similar attempts to develop the practice of nursing and to examine and investigate both the process and outcomes in centers across the country, nursing should soon be in a position to validate its function in family and community health.

NURSING ACTION FOR THE IMMEDIATE FUTURE

1. That the nursing profession assume greater responsibility for a major portion of primary health care. The main "at risk" group with respect to health in our society is the family and secondly, the community. It is important that nursing deal with each of these as units, not by more and more programs to prevent illness or specialized programs focused by age, sex, or type of work. As we direct our service to families and to the community, specific projects and programs related to health will evolve generated out of the work with families and community.

2. That the nursing profession further its knowledge and practice base relative to health, through demonstrations, pilot projects, studies and research to answer some of the searching questions related to health and to nursing practice directed toward family and community health.

3. That persons entering university nursing programs be socialized from the beginning into the broad function of community nursing directed toward health. (It must be remembered that hospitals are part of a community and disease and illness features of family and community life.)

4. That services directed toward health be financed through a national health insurance plan separate from the present illness oriented plans and that nurses be renumerated for their services in this plan.

The nursing profession must seek support from the public and from government so that it may legitimately take on a greater responsibility in primary health care; carry out exploration (demonstration) and research required to produce knowledge about family and community health as a basis for the evolution of practice; and educate a

much larger proportion of nurses in programs designed with these ends in view.

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February, 1980

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EDITORIAL

Nous sommes heureux de vous proposer une nouvelle rubrique intitulée "Point de vue" dans notre revue *Perspectives en nursing.* Cette rubrique permettra à nos abonnés et collaborateurs d'exprimer leurs points de vue et idées de manière plus détaillée que dans la "Lettre à l'Editeur" et plus aisée que dans le cadre d'un article. Grâce à "Point de vue," nous espérons parvenir à une meilleure compréhension des perspectives régionales quant à tous les aspects de notre action professionnelle.

> Nous savons que le juge en chef Emmett Hall procède actuellement à une étude sur notre régime d'assurance-maladie. Que pensez-vous des idées exprimées dans la rubrique "Point de vue" qui suit?

POINT DE VUE

L'APPORT DES SCIENCES INFIRMIERES AUX SOINS DE SANTE

Une étude sur les services de santé au Canada est en cours de réalisation. Les sciences infirmières ont un rôle essentiel à jouer pour réorienter le système de soins de santé vers des objectifs mieux adaptés à l'essor rapide que connaît notre société.

UNE ACTION PROPOSEE EN SCIENCES INFIRMIERES DANS L'AVENIR IMMEDIAT

1. Que les infirmières et infirmiers assument davantage de responsabilités en ce qui concerne une partie importante des soins de première ligne. Les groupes sociaux dont la santé est le plus exposée sont d'abord la famille, puis la collectivité. Il est important que notre discipline traite chacun de ces groupes individuellement, et non par un nombre sans cesse croissant de programmes visant à prévenir la maladie ou de programmes spécialisés axés sur l'âge, le sexe ou le type de travail. Tandis que nous axerons nos services sur la famille et sur la collectivité, nos travaux aboutiront à la mise sur pied de projets et programmes spécifiques propres à la santé de ces groupes.

2. Que les infirmières et infirmiers approfondissent leurs connaissances théoriques et pratiques en matière de santé par des démonstrations, des projets pilotes, des études et des recherches afin de répondre à des questions importantes relatives à la santé et à la pratique en sciences infirmières, axées sur la santé familiale et communautaire.

3. Que les personnes entreprenant des études universitaires en sciences infirmières soient au courant dès le début de la vaste fonction du nursing communautaire centré sur la santé. (Il faut se rappeler que les hôpitaux font partie intégrante d'une communauté et que la maladie est un trait de la vie familiale et communautaire.)

4. Que les services axés sur la santé soient financés à même un régime d'assurance-maladie national distinct des régimes actuels centrés sur la maladie et que les infirmières et infirmiers soient rémunérés pour leur services dans le cadre de ce régime.

Infirmières et infirmiers doivent s'assurer du soutien du public et du gouvernement pour pouvoir assumer en toute légitimité de plus grandes responsabilités en matière de soins de première ligne. Ils doivent également procéder à des explorations, des démonstrations et des recherches afin d'accroître leurs connaissances en matière de santé familiale et communautaire, qui serviront de base pour favoriser l'évolution de leur profession. De plus, il convient de former un bien plus grand nombre de collègues à l'aide de programmes conçus avec ces objectifs en vue.

Moyra Allen
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