

Health Care



A Southam Business Publication / September 1986

O.R. eyes: A look inside

The truth about
nursing insurance

Latest advances in
Medical Imaging

Editor: **Patrick Follitt**
Staff Photographer: **Art James**
Circulation: **Evelyn Amoranto**
Advertising Service: **Laura Laan**

Sales and management

Group Publisher: **Lawrence Earl**
Sales Manager: **Vera McCausland**
Classified Advertising: **Marg Whitaker**
Assistant Vice President: **Bruce Wright**
Senior Vice President: **Gene Stewart**
President: **Richard A. Gardner**

Offices

Head office: 1450 Don Mills Rd., Don Mills, Ontario
M3B 2X7, telephone (416) 445-6641 telex 06-966612
cable SOUTHMAG TOR.

Montreal: 310 Victoria Ave., Suite 201, Westmount.
Quebec H3Z 2M9, telephone (514) 487-2302 telex
055-66350 Cable SOUTHMAG MTL.

Ottawa: K.E. Winchcombe, supervisor, Federal
Government Accounts, 880 Wellington St., Ste. 707,
Ottawa, Ont. K1R 6K7, telephone (613) 234-1492.

Vancouver: Curtis & Baum Ltd., 636 Clyde Ave., West
Vancouver, BC V7T 1E1, telephone (604) 922-2314,
telex 04-51158, cable JNLCOMM VCR.

Health Care is published 8 times a year by Corpus
Information Services, a division of Southam
Communications Limited, which serves business,
industry, the professions and government in Canada
with 60 publications, 53 business and consumer
shows and a diversified group of communication and
information services (direct mail/marketing,
construction data, marketing communications, sales
management systems, books).

Subscription rates

Subscriptions are accepted from qualified recipients
in the health care field. Canada — \$30.00 per year.
\$39.00 for two years; \$50.00 for three years. USA —
\$40.00 per year, \$55.50 for two years. All other
foreign — \$61.00 per year, single copy — \$4.00,
directory — \$10.00.

Postmaster

Please forward forms 29B and 67B to: 1450 Don Mills
Rd, Don Mills, Ontario M3B 2X7.

ISSN 0316-2141

Memberships

Canadian Circulations Audit Board Inc.
Canadian Business Press

Second class mail registration
No. 0734



Canadian Circulations
Audit Board Inc.

Canadian Business Press

You should know about those changing handmaidens

by P.J. Houlihan

To be a good nurse one must be
a good woman. . . . What makes
a good woman is the better or
higher or holier nature: quiet-
ness . . . gentleness . . . patience
. . . endurance . . . forbear-
ance. . . .

Florence Nightingale, 1881

How many of the nurses that you know
can live up to Flo's idealistic vision of the
perfect nursing personality? There are
possibly many more than you may have
realized. But onto these characteristics
today's nurse is probably expected to be
assertive, bright enough to have achieved
a minimum of an undergraduate degree,
technically skilled, empathetic, politically
aware and "professional" in everyone's
sense of the word.

Today's nurse has changed. Although
many physicians bemoan this, missing the
unquestioning obedience and respect
even in instances where that respect may
not have been warranted, the astute
physician will recognize the advantages to
the development of a more collegial
relationship with these former handmaid-
ens. Nurses make up the largest single
group of health care providers, thus the
medical practitioner may find it to
his/her advantage to become acquainted
with the basic changes in the nursing
profession. The kind of people in nursing,
their educational preparation and the
work that they do have all changed over
the past two decades.

Most registered nurses in Canada
today are still female — 98 per cent in fact,
but this is changing. Each year sees an
ever-growing influx of men into the
nursing schools and just as the increase in
the number of women in medicine has
somewhat changed the complexion of
that profession, so too will men have an as
yet undetermined impact on nursing.
Experiences in other countries though,
may indicate the direction of that impact.
For example, in Great Britain where 10
per cent of the total nursing population is
male, they hold 30 per cent of the
administrative positions. Based on atti-
tude differences between men and women

in the area of career, Canada may well see
a similar trend in the years to come.

There are other interesting demograph-
ics in the new nursing classes. More
women (and men) are selecting nursing as
a second career. Many have completed
university degrees in other fields and/or
have worked in a variety of different
disciplines. The result of this is a nursing
school populated by older, wiser and
more mature and better educated stu-
dents. These older and wiser students
have more life experience, ask more
questions and accept very little at face
value. Mixed in with this new student is
the younger, more typical high school
graduate with high ideals and higher
expectations. One can no longer have one
single approach to this heterogeneous
group of men and women.

For many years nurses have been
struggling to define their role and to
determine the appropriate level of educa-
tion for entry into practice. Additionally,
nurses have struggled as a group with the
theory vs. practice aspects of their work.
Doctors working in hospital settings have
passed many a negative opinion on the
innovations in nursing education, proba-
bly with some justification. For while
knowledge and technology in the health
delivery system have continued to expand
by exponential proportions, the largest
number of nursing education programs
have contracted to a diploma course of
22-23 months duration.

The purpose and process of the educa-
tion that nurses receive has changed
dramatically since Florence Nightingale
actually revolutionized nursing education
and opened her first school in 1860. As
well as being familiar with the current
education that these colleagues receive, it
may be important for physicians to be
aware of the proposed changes in the
system, thus becoming prepared for the
future nurse — what she knows, how she
thinks, what she can do and where her
potential lies.

Nursing schools in Canada today are of
two basic types — a two- or three-year
hospital or community college-based pro-
gram leading to a diploma and licensure,
or a four-year university-based program
leading to a baccalaureate degree and
licensure. The main problem facing other

health team members is attempting to understand how these two groups differ and how to best utilize this varying knowledge and talent.

Diploma nursing schools vary widely in their philosophy and approach. Many, notably hospital-based programs, tend to value the more traditional views of discipline and structure while attempting to embrace the new theories, concepts and technological advances. Others, especially those located in community colleges, tend to take a more liberal view of education allowing more self-directedness and reliance on the internal motivations of the student. In the end, regardless of the approach, these diploma graduates are prepared to assume staff nurse positions in a variety of clinical settings but are assisted by more experienced nurses for varying lengths of time in the development of nursing judgment. Just as the clinical problem-solving skills are not keenly developed in the neophyte doctor, neither are they in the neophyte nurse, nor should this be expected by either the medical staff or other nurses.

University nursing schools are organized into departments, schools or faculties depending upon size of the university, size

Just as the clinical problem-solving skills are not keenly developed in the neophyte doctor, neither are they in the neophyte nurse, nor should this be expected by either the medical staff or other nurses.

of the nursing school, levels of programs offered (graduate and undergraduate), and faculty size and preparation. They offer a four-year program combining basic sciences, arts and science electives, basic nursing courses, advanced nursing courses including administrative and educational theory, research methods and statistics and clinical experience. Graduates of these programs are prepared for staff nurse positions and *with appropriate clinical experience* can advance into education, administration, community health, ambulatory care etc. The ladder up the hierarchy opens with the procurement of the degree — Bachelor of Nursing,

Bachelor of Science in Nursing. Thus the universities also offer a baccalaureate degree for diploma graduates, the program for which last two or three full time years, depending upon the university.

Although the university degree is the education of the future for Canada's registered nurses, the decision has not been an easy one nor has the change come about rapidly. As long ago as 1965, the American Nurses' Association determined that all professional nurses must have an undergraduate degree for licensure, but diploma programs persist in that country. In 1975 the provincial association of nurses in Alberta became the first Canadian province to adopt such a resolution and in 1982, the Canadian Nurses' Association did the same, with support of most of the provincial groups.

What this will mean in terms of patient care still seems uncertain. One obvious positive effect will be the preparedness of nurses for the movement of health care into the community setting. As this movement gains momentum, more and more home care programs will flourish, requiring both nurses and doctors who are cognizant of the satisfactions and

Why has Versa Services become the single largest factor in the health care management field?

Give us a call. We would be pleased to demonstrate how we can provide professional dietary, housekeeping, laundry and maintenance services.

Vancouver (604) 278-4543	Montreal (514) 341-7770
Edmonton (403) 468-4040	Dartmouth (902) 469-3290
Toronto (416) 255-1331	Regina (306) 352-6303
St. John's (709) 754-0540	Moncton (506) 855-9088
Winnipeg (204) 694-2998	

**Versa
services**
A VS SERVICES LTD. COMPANY



complications of medicine and health care in the community.

One area of nursing education that is a particular mystery to doctors and other health team members is graduate education. Yes, it is possible to be a Doctor of Nursing. Many people, including the lay public, are unaware of the heights to which a bright, ambitious and committed nurse can pursue her education and how she might apply this education. Bona fide Masters degree programs in nursing, requiring advanced study and thesis research, are offered to baccalaureate-prepared nurses at many universities from Nova Scotia to British Columbia. Many of these provide specialization in a clinical area such as maternal-child health or have a functional focus such as administration. Still more nurses, recognizing that nursing draws from a wide variety of disciplines for its knowledge base, are eschewing the movement toward what has been termed the "incestuous nature of nursing education," and are pursuing graduate degrees in education, health education and administration, and the biological and social sciences.

What, then, are these nurses prepared to do? Many are prepared as clinical experts, taking on educational and consultative roles of the clinical nurse specialist. Others will move up the administrative hierarchy in both hospitals and community agencies and the remainder will become either expert teachers of fledgling nurses or researchers.

Currently there are no Canadian programs to prepare nurses at the doctoral level.* Thus, nurses desiring a terminal degree must go to other countries or pursue doctorates in other fields. Most doctoral prepared nurses in Canada are employed as university faculty members, teaching, conducting research and publishing, but some are beginning to be employed in administrative positions and by governments.

Other issues facing nurses today include the use of power, development of autonomy, licensure of nurses in clinical specialties and the development of a research base. Many of these concerns, especially the development of a research base, are intertwined with the question ever-present for nurses of whether or not they constitute a "profession" or a group of technicians. Over the years nursing has been given the designation of profession more from traditional deference rather than because nursing fulfills the sociological criteria of professionalism — autonomy, research base, extended educational period, code of ethics, status and service.

Professionalism, however, has come to mean more in today's society. It implies a characteristic of an individual who is

***Yes, it is possible to be
a Doctor of Nursing.
Many people are unaware
of the heights to which
a bright, ambitious
and committed nurse
can pursue the education
and how she might apply it.***

willing to do more than the minimum of what is required to do the job. A professional is one who is committed, serious about her work and willing to take risks for the betterment of her colleagues and patients. With this definition in mind, there are many individual nurses who fall into the category of "professional" and many who do not.

It is probably fair to say that attitudes of nurses toward their chosen careers, their patients, the physicians with whom they work and themselves have changed considerably in the recent past. These attitude changes combined with concrete changes in educational preparation and proposed changes in practice settings will

likely have some effects on consumers of health care services as well as other health care professionals.

How these changes will actually affect the consumer is still uncertain. While it is true that nurses educated at the baccalaureate level remain in nursing longer than those at the diploma level, the problem of supply and demand will be paramount in the next 15 years. In addition, during these current times of economic restraint, one might do well to examine the terrific costs of a university education for all nurses, when it can be argued that much of what a nurse does on a daily basis does not, in fact, require advanced education. Canadian doctors, working closely with nurses as they do, are well served to be aware of the changes in the nursing profession in order to continue the good working relationship of past centuries.

Patricia Houlihan is a freelance writer and nursing teacher based in Halifax, Nova Scotia.

Editor's Note: As of September, 1986 the University of Alberta will accept its first doctoral candidates in nursing. It is the only Canadian Doctorate in Nursing program.

Weigh babies safely, quickly, accurately with the ^{New} Acme® Model 30 Infant Scale



^{New}
The ACME® MODEL 30 INFANT SCALE is highly accurate and easy to use. You can be confident about weighing babies safely with the stable base and secure cradle, quickly with the push-key digital operation, accurately with the newest technology and finest sensitivity.

For complete details on the ^{New} ACME® MODEL 30 INFANT SCALE, sent to you immediately, return this coupon or call us at (415) 638-5040.

NAME _____

FACILITY _____

STREET _____

CITY _____

STATE _____

ZIP _____

PHONE _____

ACME SINCE 1915
MEDICAL *Scale co.*

REPRESENTED IN CANADA BY:
HARRY GEEN ASSOCIATES LTD.
50 Dynamic Drive, Unit 3,
Scarborough, Ontario
M1V 2W2,
Telephone: (416)293-8200.