

PERSPECTIVE

The Academic Development of Nursing & Health Human Resources Planning

Power, C.

The following is the text of a speech by Chris Power, Vice President, Clinical Services, Queen Elizabeth II Health Sciences Centre, in Halifax, Nova Scotia to the joint meeting of ACEN/CEO's at the annual meeting ACTH, May 2-3, 1999 in Winnipeg, Manitoba.

If we examine today's practice environment for nurses, we see a situation that is chaotic, at best, with little hope of sustaining the pace, given the shortage of nurses that some provinces are feeling currently and all will in time. In an effort to be as efficient as possible, hospitals have sought consultants or benchmark studies to indicate that opportunities exist within the nursing ranks to further reduce service to our patients. In an environment where staff are working at 110% capacity, there is little room to carry out effective patient care, let alone pay homage to the other two wheels of the tricycle that are essential for the bike to work, namely education and research. As a profession, we will always defer to caring for our patients and their families, as this is the unique work of nurses, 24 hours a day, 7 days a week. However, we pay a huge price as a profession and as a society for being robbed of the opportunity to advance the practice of nursing when education and research are but add-ons, at best.

Working with my physician colleagues, I am often impressed by their ability to have the powers that be respond to their concerns of inadequate time to properly teach medical students and carry out their research activities. Their position has been that they will be unable to recruit new staff or retain the physicians they have in such an environment, and governments, universities and hospitals have responded in many innovative ways to solve the problems such as increasing the numbers of physicians, covering overhead costs and developing alternate funding arrangements that guarantee income while providing sufficient time for the teaching, research and administrative components of the job. This is commendable and necessary to ensure that there are physicians available to care for our patients, students educated to carry on that care in the future and research conducted to ensure that medical science is

advanced and ever-increasingly successful drugs, therapies and techniques are discovered.

If we apply the same logic to the nursing profession, we can quickly see that we are not even playing in the same ballpark. By the sheer dedication of nurses, we are continuing to provide excellent patient care, but markers are beginning to indicate this is slipping and that patients aren't as satisfied with their care as in previous years, nor are staff pleased with the care they are able to provide. As organizations, we made decisions to drastically reduce our middle management layer, leaving nurse managers with huge spans of control. They are no longer able to provide the supports required for their front-line staff with the many demands we place on them. Some of us have had the good fortune to be able to retain nurse educators who provide the clinical support to staff that they require on an ongoing basis as technology changes and more and more work formerly carried out by physicians is transferred to nurses. The work of nurses is hard, physically and emotionally, and the thought of having to take time to work as preceptors to students is a notion that most staff nurses cannot even entertain. Nursing students enter an environment where they see the daily struggles facing nurses and often ask themselves the question of whether or not they have made a sound career choice.

As a nurse leader, research is extremely important to me, but finances dictate that there is not enough to go around to create an appropriate infrastructure to support the nursing neophyte. We can have all the good will we wish, but without dedicated time to research the questions, we are no further ahead. Nurses rarely even take the time to ask the questions, given the daily pressures they face.

How can we turn this around? What are the right structures that need to be in place to make our organizations truly academic?

First, I believe it is necessary to have an organizational commitment that the academic mission pertains to all professions, not solely medicine. We are facing a nursing shortage like none ever experienced before. Although we have, as a profession, faced shortages, we have not had the added factors of an aging population to the extent we are witnessing, or the aging of the nursing workforce and the inadequate number of funded seats in university programs. It will not matter how many physicians we have or what programs we can offer. These will be drastically reduced if there are no nurses to care for patients.

We must be able to retain the nurses we have and attract the best and brightest to our organizations and we can do this by creating an environment that is conducive to a safe and well-supported work place. From an education perspective, there has to be sufficient resources such as nurse educators and clinical nurse specialists to provide teaching at the point of care. Staff has to be given the time

off to attend teaching sessions to maintain and improve their practice. This must be built in to the complement had the good fortune to be able to retain nurse educators who provide the clinical support to staff that they require on an ongoing basis as technology changes and more and more work formerly carried out by physicians is transferred to nurses.

The work of nurses is hard, physically and emotionally, and the thought of having to take time to work as preceptors to students is a notion that most staff nurses cannot even entertain. Nursing students enter an environment where they see the daily struggles facing senior nurse be identified who is responsible for the professional practice of nurses and who speaks for nurses and most importantly patients, at any senior table.

If we examine the need of supports for research for nursing and other health care professionals, they too are significant. For the vast majority of our staff who are prepared at the diploma level, research is foreign to them. My goal has always been to just have nurses begin to question why they do the things they do, seeking answers in the literature and, when they can't be found, seeking resources to assist them in finding the answer. In order to make this happen, there has to be an infrastructure in place to support this activity and time permitted staff to participate in seeking the answers through research.

I have had the good fortune in my organization to have a PhD Nursing Scientist in this role. However, she is but one person and has been overwhelmed by the expectations placed on her and the lack of acceptance at a physician level of the value of nursing research. As organizations, we must embrace and support the notion of research by all disciplines. Utilizing the expertise of faculty in University Schools of Nursing is also essential. Partnership arrangements with the University and Hospital will facilitate the transfer of knowledge that is required to make nursing research an integral component of our everyday practice. Earmarking funds for beginning researchers who are not physicians and ensuring the appropriate infrastructures are in place to protect time and provide support will go a long way in fulfilling our mission of practice, research and education.

In conclusion, the years ahead may seem daunting, from a human resource perspective but we have an opportunity to create an environment where staff will come to work for us because of the workplace we have created. We are now entering an age where we will be competing for nurses and other health professionals and it is essential that we pay the same attention to creating an academic environment for them as we do for our physician colleagues.

Only then will we be successful in our quest to have a patient centered organization with well-motivated and happy staff.