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"Changing Times For Professional Nurses"

By Miss Helen E. Harper, M.S.N.*

Suggestions for making better use of the available supply of nurses and for the training of future nurses are made by the author, who is a graduate (1947) of the Henry Ford Hospital School of Nursing and has been director of nursing at three Michigan hospitals.

Our rapidly moving society is forcing changes in the practice of nursing as well as in every other profession. Forces particularly affecting nursing include:

- (1.) the continuing and increasing shortage of nurses,
- (2.) the utilization of computers in hospitals,
- (3.) the increasing sophistication of the patient regarding his care,
- (4.) the national focus on preventive medicine,
- (5.) the rapid advances in medical technology,
- (6.) government financing of health programs, and
- (7.) trends in nursing education.

A redefinition of the role of the nurse is essential. There will never be enough nurses to allow the nurse to "return to the bedside". Therefore, those available must be utilized to the limit of their professional ability for managing the nursing of the patient rather than managing the nursing unit.

Historically, because nurses were in the hospital 24 hours a day, seven days a week, they assumed the responsibility for a host of non-nursing functions. In order for nurses to resume their primary purpose, *nursing the patient*, we need to explore ways in which non-nursing functions could now be given to departments better equipped to carry out such tasks more efficiently: housekeeping, laundry, dietary, maintenance, pharmacy, purchasing, laboratory, etc.

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Careful study of the present functions of the nurse must be undertaken. All systems that affect the care of the patient must be analyzed. Ways of re-assigning non-nursing tasks to the originator of the service should be explored. Each department concerned with supporting services to nursing should assume complete responsibility for the provision, follow-up and evaluation of such service.

The utilization of computers in hospitals can relieve the nurse of mountains of paper work. The use of tape recorders as a means of shift communication, and of dictaphones for recording nurse's notes could release more nursing hours to nursing care. Once we free the nurse of these non-nursing tasks, we face the necessity of helping her to redirect her skills. Some facets of nursing need re-emphasis; whereas in others, a shift in focus has occurred.

Re-Emphasis on Patient

The greatest and most important change to be effected is re-emphasis of the patient as an individual. Hospital personnel traditionally deprive the patient of independence because:

we limit his choice of food and set his meal hours,
we curtail his movements,
we all but destroy his privacy,
we separate him from his family,
we deprive him of almost every diversion,
we make him dependent on persons who are often younger, sometimes less intelligent and less courteous.

Individualized nursing care plans for the patient must be made. This involves making a "nursing diagnosis", or an assessment of the total needs of the patient which are to be met by nursing care. This assessment must be reduced to writing, specifically listing each nursing care need and the plan for meeting it. Making the patient independent of the nurse should be the primary goal in making the plans. Patients must be allowed to participate in planning their care progress. There must be a greater consideration for and interest in the use of the family in the care of the patient. This will lay the groundwork for the transition of his care. To this end, emphasis must be placed on orienting the total nursing staff to human relations skills.

In order to achieve continuity of patient care, we need greatly improved communications between the medical and nursing professions. Physicians' acceptance of the current trends in nursing education and a change in physician-nurse relationship, characterized by increased sharing of information and planning, are necessary. To achieve this aim, the professional nurse must be more available to the doctor than she has been in the past.

Changing Times for Nurses

The national trend toward preventive medicine means a shift in the focus of clinic nursing. All opportunities for health teaching must be utilized. Follow-up of patients should include the outpatient as well as the inpatient with greatly increased referrals to community agencies who can serve the special needs of the patient. Better communication must be achieved between hospital inpatient and outpatient departments to provide continuity of nursing care and to increase recognition of the patient's individuality.

Rapid advances in medical technology are also changing the role of the nurse. She must now become skilled in the operation of complicated medical equipment and, this must be accomplished without relaxing her efforts to maintain the patient's individuality. Tasks heretofore the province of medicine are being allocated to the nurse.

People live longer today thus making them prey to the ravages of chronic diseases. Federally supported health programs enable them to obtain medical care not available in the past. The implication for nursing is the need for competence in rehabilitative nursing skills, to meet the needs of the aged and chronically ill.

The Nurse of the Future

Presently the trend in nursing education is toward university preparation of the professional nurse. This is opposed to what is being controversially labeled a "nursing technician" who is a graduate of a two- or three-year program. It is my belief that the professional nurse of the future will be prepared with a master's degree, choosing a specialty in a clinical area, nursing administration or education. She will plan for and direct the care of the patient through others rather than performing the care herself. The clinical specialist will return to the patient's bedside to "mold the role of nursing to suit each patient's needs. This will involve assessing patient's needs, planning with others to give the care and evaluating the care given. Limits to the kinds of decisions the specialists will make will be established by doctors, nursing service administrators and the nurse clinician, herself."¹

Professional nursing is perceiving what needs to be done and how to do it. It is now concerned with developing the climate in which necessary changes can occur.

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