

Nursing Resource Strategy for New Brunswick: great beginning

How does the health system take government's nursing strategy document, released last week, and use it positively as a tool to effect the change that patients want, nurses want, and that will create a workplace environment that is wholesome and professionally rewarding?

In two previous columns I outlined what are very challenging problems for the New Brunswick government in dealing with the "nursing shortage". Headlines in recent months have referred to Shortage of Nurses, causing much public alarm, but beneath the headline are areas of conflict, competition, dysfunction, and attitudes that will test the most skilled politician who would endeavor to bring resolution.

Caring for sick people involves many elements and having exceptionally well educated RNs is one of many serious challenges in the health and long term care system.

Nursing is a noble profession, respected, even revered by the public. Without Nursing leadership, there would not have been much by way of modern hospitals. Hospitals as we now know them had their origin with strong nurse leadership. Nurse leaders in my day were strong, influential people whose presence was made known in many ways.

The importance of having well-trained, educated, knowledgeable nursing staff playing prominent roles in care, administration, and research in hospitals goes without saying.

But health care is more than nursing, more than medicine; it is a composite of the knowledge and skill of many professionals with varied levels of training. In the continuum of caring for persons with health issues there are areas of service that definitely require the knowledge and skill of the RN educated at or beyond the baccalaureate level. Indeed, in many specialty clinics nurses eventually amass a level of knowledge and skill that extends beyond not only the basic nursing training but often beyond the level of knowledge of persons at the MD level.

But in the care process, there are functions that do not require a lot of training and education. Bathing and hygiene, oral care, nail care, grooming, mobilization, IV monitoring, bowel care, ostomy care, catheter changes, dressing changes, suture and clip removals, bed changing, nutrition. In a proper workload analysis, many of these functions consume a lot of time during a typical workday. Yet these skills are easily taught to staff who do not aspire to the Baccalaureate nursing level or beyond. Most of these skills are contained within the scope of practice of the LPN.

A few years ago, all of those skills were performed by unregulated workers trained on the job and largely the functions were performed really well. In the main, the training required for these skills was not much more than 3 months. But that was the old days!

Ken McGeorge, BS,DHA,CHE is a career health care executive and now consulting, based in Fredericton; he is a Telegraph Journal columnist. Please visit www.KenMcGeorge.com to learn more.

The goal of having the RN trained at the level that contributes to roles in supervision, leadership and clinical specialty activity is not up for argument. What must be on the table is simply this: how do we, as a society, structure a program of care that places the best interests of patients at the centre with the interests of staff and their unions relegated to their rightful place.

What patients want and need can be learned by listening carefully. Clearly stated, they want, and deserve, care that is compassionate. They assume that with training comes professional skill. When patients arrive in need of health care service, in many cases their lives are being jolted by some major issue. They may be looking to deliver that long-awaited baby, or they may have been experiencing symptoms that soon will be diagnosed as terminal cancer or Dementia or Parkinson's disease.

They are not accessing the system for nothing; something is going on and they need to feel compassion, see knowledge at work, and be assured of great skill. Anything less is substandard care. What sick people need at first point of contact is skill and knowledge taught in academic programs combined with a genuine sense of caring and compassion. Without that combination, a nurse is not a nurse.

Dr. Penny Ericson, esteemed former Dean of Nursing at UNB, caught the attention of CBC and all New Brunswick media a few years ago when she discussed in public her disappointment with the care processes that she and her husband experienced.

There is also the issue of nurses trained outside New Brunswick. A recent article outlined a British-educated nurse who invested nearly two years in getting credentials transferred. But there always has been a lot of commonality between Britain and Canada. Canada has enjoyed the benefit of many wonderful British trained doctors and nurses for generations. Canada has often been the beneficiary of new practices and knowledge by engaging foreign trained health care professionals.

The complexity of assessing credentials from other countries is partly a safety practice but equally a job protection practice; this is not unique to the nursing profession; the medical profession is equally protective and other professions place many barriers to good people who wish to come to this province with great talents.

The public belief that there is a real shortage of nurses is a negotiating theme and we should feel very sorry for staff nurses and the public who never get the full story. New Brunswick would not have any shortage and the nursing profession would be restored to its status of noble and proud profession if the component parts could lay down the swords and place the public interest at the top of the list of goals for reform.

Great leaders would do that.

The staff shortage discussed currently is the canary in the mine! All of the elephants in the room must be placed on the table and confronted one by one.

Ken McGeorge,BS,DHA,CHE

Retired healthcare CEO, consultant, and columnist with the Telegraph Journal

aug. 5.19

Ken McGeorge, BS,DHA,CHE is a career health care executive and now consulting, based in Fredericton; he is a Telegraph Journal columnist. Please visit www.KenMcGeorge.com to learn more.