

commentary

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Mandatory Practice Hours

In the whirlwind of health care reform and underemployment, using traditional practice requirements as a measure of professional competency serves neither the public nor the profession's best interest.

Rather than protecting the public from incompetence, limiting practice requirements to paid hours and continuing nursing education merely silences, and excludes, gifted and energetic nurses, who, through no inherent fault, find themselves underemployed. Reclaiming their voices, their vigor, and their potential contribution to the profession, as well as reconstructing the practice requirement is now essential.

Feminist thinking, which advocates confronting rather than submissively internalizing oppression, has opened the possibility of restructuring traditional concepts of professionalism. As a profession predominantly made up of women, many of whom must balance family responsibilities and career obligations, nurses are uniquely positioned to accomplish a feminist restructuring of their profession.

Childbearing, childrearing, family crises and part-time employment are apparently enduring aspects of nurses' and women's lives. These obstacles to accumulating paid hours, combined with pervasive unemployment caused by budget cutbacks, have created, for many, an insurmountable barrier to meeting the practice requirements of the profession. For three Calgary nurses we met in a graduate study project, loss of professional affiliation because of insufficient practice hours was much more devastating than loss of employment. The stories of these nurses show us the human faces behind the health care reform.

Lynn. Shortly after Lynn completed her RN at a hospital, she obtained her BScN. Equipped with strong medical and surgical practice skills, as well as a university education, Lynn soon obtained an administrative position. In her role as head nurse, Lynn developed various position papers promoting nursing's unique contributions to health care. Later, she worked for several years in nursing education and eventually moved into a public health agency.

As her agency struggled to adapt to increased demands following hospital bed closures, Lynn's part-time position was eliminated. She was invited to compete for a full-time position that she knew at least six other nurses within the agency hoped to obtain. With two school-age children at home, Lynn wondered how she could continue to be there for her family if she did obtain the coveted full-time position. No other part-time positions seemed available. As time passed Lynn lost touch with life at the agency and with other nurses. For the first time in 23 years, Lynn did not have enough practice hours to renew her membership with her professional association.

While volunteering at a seniors' lodge, Lynn automatically formed a plan for implementing a blood pressure clinic. Then she remembered she wasn't a nurse any more. She didn't have the practice hours to be a professional and without her professional association she wasn't employable. Without association membership, Lynn couldn't see herself as an entrepreneur or an independent practitioner with marketable skills.

Kathy. Like Lynn, Kathy spent three years as a student living in the hospital where she trained to be a nurse. She stood when physicians or nursing supervisors entered the room. Her nursing instructors often emphasized the importance of polishing her shoes and hiding her hair under her cap. She was trained to be a "professional."

After graduating, Kathy worked on a number of different hospital wards for several years. She also returned to university as an adult student and earned her BScN. Kathy then worked at her original training hospital — first as infection control nurse and later as a nursing instructor. Kathy taught her students that professionalism was more than polished shoes and covered hair. "Nursing isn't like putting a sheet of paper into a typewriter," she often told her students, "you can't just rip the page out and start again."

Kathy worked for 14 years as a nursing instructor, mostly part-time. She also had a young family at home, but often found herself at the hospital on her own time. Kathy's part-time work came to an abrupt halt when her seven-year-old daughter became critically ill. As she nursed her child through crisis after crisis, Kathy knew she couldn't leave her for eight- or 12-hour nursing shifts.

A year passed and Kathy's daughter was finally able to attend school for the full day. With her child out of danger, Kathy felt she could return to her nursing career but she was not eligible to practice. Working part-time, and then not at all, meant that Kathy, like Lynn, didn't have the required practice hours. She described her inability to renew membership with her professional association as "cutting the cord." "I've been in nursing since I was 17 years old, but I can no longer practice as a registered nurse. It's the worst thing I ever had to do." Kathy saw her only continuing education option as a costly refresher program she had helped to develop as a nursing instructor.

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Marg. Marg described herself as a "trailing spouse." When her husband lost his job in the East, the family moved to Calgary. Marg had trained as an RN, and later earned her BScN and a master's degree in adult and community education. As a newcomer to Calgary, Marg quickly exhausted all her job-hunting strategies. She tried to network with fellow nurses, but often found her telephone calls and letters went unanswered. She joined a job-finding club, but felt they "weren't really set up for nurses." Like Lynn, Marg also worked as a volunteer. She tried to adapt to taking direction from the staff member she was assigned to help, but she ached to develop a program of her own. Sometimes she'd just make it out the door of the volunteer job before the tears came.

The hours of practice Marg accumulated before moving are running out. Marg's husband has a heart condition that seems worse since the move. He's been laid off once already and Marg knows what it's like to feed three teenagers when that happens, but this time she doesn't have her nursing to fall back on.

While Lynn, Kathy and Marg are not their real names, these are the real stories of nurses in crisis. These nurses lack the practice requirement that would enable them to weather the challenge of underemployment in community with their profession. Their anguish should move us to reconsider the value of a mandatory practice requirement based exclusively on employment and continuing nursing education.

Of course a practice requirement is clearly necessary: it offers reasonable guidelines for professional nursing associations to maintain their responsibility to the public in providing safe, ethical and competent care. However, alternative assessments of nurses' capacity to practice competently are equally necessary.

Provincial nursing associations can no longer afford to withhold recognition for volunteer work. As accountable, autonomous professionals, registered nurses involved in unpaid endeavors must be respected for this work. Accepting volunteer hours toward a practice requirement would offer a lifeline to isolated, underemployed nurses. Rather than casting aside and alienating nurses without paid employment, proactive provincial associations who recognize nurses' unpaid contributions will

support and nurture the initiative so vital to the survival of nursing as a profession.

Professional associations should also be more receptive to recognizing other types of education. Continuing education courses in nursing are clearly the most viable learning option for underemployed nurses. However, supplementing these courses with non-nursing courses can be just as worthwhile for the nurse and the profession. What better way to positively promote nursing as a profession than by sharing information and articles from nursing's extensive literature base in a variety of educational settings? While many nurses are aware of theories from other disciplines, few scholars from those disciplines have accessed nursing's unique body of knowledge. Expanding one's educational horizons through non-nursing courses should not be so readily dismissed. Individual portfolios, outlining how relevant courses, workshops and even life experiences have contributed to professional development, deserve recognition.

As knowledge creators, nurses must go beyond demonstrating professional competence through the accumulation of paid hours or continuing nursing education. Nurses must transcend the rigid thinking that denies professional affiliation to gifted and energetic colleagues because they are unable to demonstrate competence in the prescribed way. The profession is best served if we acknowledge the reality of both exclusively female obstacles to full-time employment and cutback-induced underemployment, and alter the practice requirement accordingly. By listening to the grieving voices of alienated nurses we may be moved to rethink some dearly held traditions. This is both a challenge and an opportunity for nursing. ■

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