

Author Response

This letter is a rebuttal to Linda McGillis Hall's commentary on my paper, "The Relative Value of Nursing Work: A Study in Progress" (Canadian Journal of Nursing Leadership, 16(2)).

The focus of the paper was to develop a method of assigning relative value based on education, work environment and value added to the work. These three variables find their manifestation in type of work, difficulty, job complexity and experience. The premise of the work is based on the fact that different types of nursing work exist. In the project, the authors identified work performed between specialties and within specialties. That, by itself, is a complex subject.

It is true that this type of model is used in the real world for remuneration. In Canada, however, remuneration depends upon the ability to pay and a negotiated settlement in each province. The relative value of nursing work remains constant among the provinces.

The paper did not deal with the issue of importance, which has sociological implications (such as the importance of a nurse to the public) that I did not intend to address. The issue and importance of generalists, also not addressed in the paper, are currently being studied in another project. The issue of generalists and their importance in healthcare has economic significance. A system must have generalists to fill gaps. For economic purposes, there must be a continuous supply of generalists. While they are important, one must look at the development of specialists in the health-care system. These are economic issues.

Relative value is a fact of life in nursing. Upon hearing the words relative value, many nurses recoil and think divisiveness. Rather than divisiveness, why not think recognition and career paths? Nursing is a knowledge-based profession, and knowledge is the profession's software. Why are nurses so hesitant about tackling this issue?

Thank you for the opportunity to provide this rebuttal.

Gloria Joachim, RN, MSN

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In Praise of Nurses

I suppose it's not very original to extol the virtues of the nursing profession, but I don't think doctors have done it enough, and certainly not very publicly.

I've always admired nurses. In medical school when I was an insecure clinical clerk on the hospital wards, I learned a great deal from nurses and often went to them to ask: "What do I do?" During my arduous surgical internship and residency, nurses were friends, colleagues, educators and trusted barriers between my patients and harm.

Over the years as a neurosurgeon I have relied on the skill, common sense, nurturing and humanity of nurses to help me give good care to my patients. I'm sure not there to do it except during their actual surgery, the fleeting visits on ward rounds and visits in my follow-up clinic. The nurses are there around the clock in the ICU and on the ward for my in-hospital patients, while I am operating on other patients, or at home sleep-

ing, or thousands of kilometers away at a conference.

Recently I was on ICU rounds during the SARS outbreak. I found myself losing concentration as the chief resident spoke about his treatment plans at the bedside of a complex patient. I was staring at two nurses conversing with the resident – a young woman half my age, wearing a mask, shield, gown and gloves, and a gray-haired seasoned veteran. I found myself smiling under my mask with sheer admiration, and saying to myself: “What they’ve been through over the last three months no one will ever know.” It was tough enough on patients, families, doctors and all other members of the healthcare professions. But the nurses have been the real heroes in the recent SARS outbreak. There are simply no words to describe how they have endured this assault on almost every aspect of their physical and psychological well-being.

What a noble profession! And what a tragedy that its numbers are decreasing. Governments, hospitals, professional associations and average folks better do whatever is in their power to halt the attrition and help attract young women and men back into truly one of the noblest professions on the planet.

Through the urine and the feces and the vomit and the blood, and the disrespectful behaviour from some doctors who would treat them as subordinates,

and governments who have decreased their numbers and used them as a means to an end (i.e., that of saving money), nurses remain the bastions of humanity and caring.

Thank you, nurses everywhere. And my sincere apologies for this rather maudlin but very overdue tribute from one of the many who simply could not do what we do without you.

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Community-Based Nurses Played as Role

I read the editorial on the role of nurses and nurse leadership during the SARS crisis with great interest and appreciation. However, I want to point out that the review would have been even more complete if you had included the role that community-based nurses played along with nurses in health departments and hospitals.

Patients admitted to home care were vigilantly screened. Full precautions were used as required to ensure that any potential spread of infection was contained. Case managers and service providers made coordinated efforts to provide service to keep people at home and thus prevent further pressures on hospitals. Home care nurses looked after patients discharged from hospital recovering from SARS. Case managers working in hospitals were quarantined and some became infected with SARS and are still sick. Nurse leaders provided

direction to ensure that all clients needing home care were cared for while ensuring the safety and well-being of nurses and other healthcare workers.

Nurses in community care access centres and long-term care facilities responded promptly to the call to transfer hospital patients as “crisis” admissions into long-term care thus placing unprecedented numbers of people in a very short period to free up capacity in the hospitals which were stretched to the limit. Emergency Medical Services played a big role in this endeavour as well.

If ever there was a need for a “systems” response, this was it and nurses throughout the system rose to the occasion.

Janet Harris

Executive Director, Durham Access to Care
Whitby, Ontario

Editor's Response

“You are absolutely right.”

Governance & Law

Evidence-based best practices, policies and programs.
Find our searchable database resource on longwoods.com

Contact the managing editor at rsharma@longwoods.com