

As a nursing doctoral student with 30 years experience, I am increasingly concerned with what I call a “blind spot” between nursing education philosophies, nursing, healthcare policy and that of clinical nursing practice. It is something different than the ongoing “academia versus practice” discussion. The blind spot is between how academic writers inform or try to lead practice compared to what is really taking place under highly political and powerful agendas as front-line nurses carry out their practice in acute care settings.

In closely examining health reform and policy documents in a health issues course, I am impressed with the wealth and breadth of work being done by highly qualified nursing leaders. What strikes me though is the degree of duplication and “motherhood” statements that many contain. What often aren’t evident are the strategies to “get there.” At this stage in my career, I am asking myself “who reads these anyway” and realize lots of people do, although I didn’t until now. My guess is front-line nurses typically don’t read them and then how does it all fit together? In the many documents I am reviewing, there is more of an emphasis on a nursing agenda that doesn’t fully embrace front-line nurses and gives only token attention to patients and their families.

I write this letter as I was struck by the articles in the previous issue 16(4) where Dr. Esther Green and Dr. Marianne Lamb beautifully and eloquently wrote about what needs to change in nursing practice and nursing education over the next five years. How I would love to see those changes in my

career! What I don’t know though is how we put those changes into practice given the chaotic and, in many cases, negative cultures in nursing practice environments, particularly in acute care settings. How do we get around the age-old patriarchal dominance in hospitals? How do we deal with the worrisome and (certain to get worse) moral distress experienced by both students and nurses? Telling nurses what they “should” do increases their moral distress because, due to system barriers, they just “can’t” do it.

The blind spot came to the forefront for me while reading Dr. Green’s and Dr. Lamb’s respective articles, followed by Dr. Angela Henderson’s article, which described vivid, frightening and far too often, the reality of nurses’ experiences with violence at work. I was reminded of to several memories of my years in emergency departments.

I am seriously worried for the future of my profession and welcome comments at katherinestevenson@shaw.ca

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Nurses propose a patients’ bill of rights

B.C. nurses have proposed a patients’ bill of rights. The 26-point list of rights covers access to hospital services, community services, seniors’ care and information (including patients’ right to information about their medical records). The bill of rights, which can be accessed at www.bcnu.org, says patients have a right to agreed upon maximum wait times for treatment.

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