

A stopgap, not an answer

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If Sen. Carpenter and the Board of Registered Nursing have their way and nurses who have not passed existing licensing tests are allowed to practice in hospitals, the faith of the patients in the nursing staff qualifications could be shaken.

A patient could learn that his nurse was one of those exempted from licensing. How would the patient know if his almost-nurse had not passed because she had (1) had good nursing skills but did not know how to communicate or understand American medical jargon, (2) had good nursing skills but high test anxiety, (3) had a difficult time with the examination because it was culturally biased, (4) there were only some sections of the test she could not pass, or (5) the nurse was not skilled enough to practice nursing?

Patient confidence is an important issue because the healing of the body is directly connected to the attitudes of the mind. Healing is faster if the patient has faith in the nurse as well as in the physician.

There are other, very practical reasons, for opposing Sen. Carpenter's and the BRN's efforts to change nurse licensing in California.

Changes in the licensing of nurses could result in inappropriate staffing practices at a hospital willing to hire non-licensed workers, especially if these non-licensed nurses were to make up the majority of the nursing staff. The hospital would risk losing accreditation by the Joint Commission on Accreditation of Hospitals (JCAH).

If this were to happen, the institution would jeopardize its ability to collect reimbursements from insurance companies and government health insurance plans and would, in time, be out of business.

Moreover, in the long run these proposals would not cure the nursing shortage.

Directors of Nursing are not mandated to hire those graduate nurses who have not passed the licensing examination. Our research indicates that most directors of nursing would not staff their hospitals with these non-licensed people because if they were to hire the non-licensed their licensed nursing staffers would have to act as their supervisors.

Registered nurses have told us they are already taking on as much responsibility as they can handle and do not wish to (or do not have time to) take on

additional supervisorial responsibility for these unlicensed people for up to two years.

Nursing burnout, already a crucial problem, would increase with the massive use of non-licensed nurses.

Nurses are already under great stress and are having to work short-handed. If they are unsure of the skill level of an unlicensed nurse who is working on their team, or if they are overtaxed by trying to constantly explain things to a person who does not understand the nuances of the professional jargon, their stress will increase.

We do not need more unlicensed people; we need more RN's who are qualified. These people can only come from reputable schools of nursing, no matter where they are. What this country needs are more quality nursing schools producing more quality nurses.

Nor would hospitals have to beg for nurses if they were to change some of the ways in which they deal with these highly skilled people. For example:

(1) Nurses who are already managing a department are often not given the opportunity to learn additional management skills.

(2) Hospitals make little effort to provide adequate support services for nurses. For example, a hospital pharmacy may take hours to deliver a needed medication, so the nurse may spend most of the day trying to get the medication instead of taking care of other duties.

(3) Hospitals do not seek input by nurses in management decisions which affect nursing.

(4) Hospitals spend too much money and energy to recruit nurses but little or nothing to retain them.

(5) Hospitals do not have appropriate salary ladders for responsibility and expertise levels. For example, the beginning salary of nurses is often higher than that of other professions with similar educational preparation, but salary levels do not increase as in other professions.

These are a significant part of the real problem. When hospitals develop programs to address these issues, their problems are significantly reduced.

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