S/A 4071: Social/Cultural Aspects of Health and Illness:
Class 26: Nurses & Midwives 1:

* Today we begin our look at the roles of nurses & midwives in a changing health care system

* Historically, some form of nursing has always been available, usually carried out by women: traditionally an extension of women's domestic responsibilities, today it is a complex, paraprofessional occupation

* The rise of Christianity led to the idea that nurses exercise Christian charity: nursing became a full-time occupation for sisters of the church

* Military nurses go back as least as far as the Crusades

* After the Reformation, organized, respectable nursing disappeared & instead people were cared for in homes or "hospitals" where "people went to die"

* First nurse in Canada: Marie Rollet Hebert in Quebec 1617

* Nursing hospitals established by various religious orders in 18-19th centuries in response to epidemics of infectious diseases

* Over time the hospital system expanded, as did nursing

Nursing Today:

* Nurses =2/3 of medical care providers (232,000 RN's in 2000)

* Proportion of nurses in population grew up to 1989, then dropped off
A severe shortage of nurses is on the horizon (aging population & workforce, fewer entering the field)

* More than 80% of nurses work in health care institutions. Most are female (4% male in 1995, mostly older, overrepresented in administration).

* Critical analysis of nursing focuses on:

(1) Patriarchy/sexism
(2) The managerial revolution
(3) The impact of bureaucracy
(4) The impact of cutbacks

* Patriarchy/sexism:

- Doctors are usually men/ nurses women
- the idea of nurse is associated with traditional female roles
- Florence Nightingale's model promoted subservient, feminine ideal of nurses (selfless devotion to others, obedience to authority)
- Sexist ideology reflected in gender differences in pay, authority, responsibility, prestige, & working conditions (esp with male doctors)
- Shift work affects nurses negatively through rigid hours, night & evening work, restriction to a particular hospital, poor occupational health & safety conditions, excessive workloads, & being forced to do housekeeping & other non-nursing work

* Managerial ideology in hospitals:

- Focus on running hospitals/delivering services as efficiently as possible (i.e. at least cost)
- Federal/provincial/ municipal funding/fundraising, accountable to provincial hospital boards, mean limited financial resources & the need to set priorities

- Rationalized management systems (e.g. Case mix grouping) require nurses to work within specific time/cost limits & still provide adequate care for specified procedures
- This time/cost pressure has many negative impacts on nurses (e.g. demeaning authority, diminishing decision-making, diminishing ability to care for patient in holistic way, potential harm to patient)
- Nurses also differ from the average, & may require help in some cases, but management systems don't consider this
- Lack of flexibility in such systems often results in decreased job satisfaction, stress & burnout. May also impact patient care
- When combined with cutbacks, this makes it harder for nurses to perform, while "accountability" programs obfuscate the structural conditions behind problems & set nurses & other para-nursing professions against one another

* Bureaucratic hospital organization:

- Advancement opportunities for nurses are severely lacking in modern hospital organizations
- People who have little opportunity tend to have lower self-esteem/self-determination, seek satisfaction outside of work, compare themselves with others on the same organizational level, limit their aspirations, be critical of managers & those in powerful positions, be less likely to expect change, & be more likely to complain
- Power imbalances: nurses often the first to be blamed if something goes wrong (e.g. Susan Nelles)

* Cutbacks:

- Because of severe cutbacks, hospitals with fewer beds treat more, sicker patients : nurses (full or part time) severely over-worked

with little input

- Aging populations, increased technology & restructuring have all impacted nursing negatively
- Projected shortage of nurses may reflect many of these matters

Nursing as a Profession:

* Nurses have been striving to reach professional status through:

(1) Increasing educational requirements
(2) Forming their own college to handle practice questions
(3) Carving out a separate body of knowledge
(4) Emphasizing special qualities/skills

* Friedson: Nursing a "paramedical occupation" due to fact that:

(1) Their technical knowledge developed/legitimated by doctors
(2) Tasks designed to help doctors fulfill "their" more "important" ones
(3) They usually work at the behest of doctors
(4) They are accorded less prestige than doctors

* These things haven't changed to date, despite nurses' best efforts

* Contemporary "job actions" taken by nurses to enhance their position:

(1) The shift to university training (Bsc. nursing: still occupational structure problematic)
(2) The takeover of doctors' "dirty work" (passing own dirty jobs to RNA's_
(3) The use of managerial ideology

(4) Taking control of technology (rejecting high-tech in favor of holistic care)
(5) Unionizing

* Nurse practitioners:

- Usually have nursing degree plus master's
- Work as independent "physician extenders"
- Focus on holistic/preventative care
- Work independently in a number of specialities (e.g. home health care, pediatrics)
- Numbers increasing in Canada, along with diversity of placements

* Midwives:

- Assist women as they prepare to/ actually give birth/ learn to care for infant
- Usually work in home/reject high tech methods
- This is an ancient profession, flourishing until the witch hunts began in the 14th century
- Midwives gained official recognition in 1512 (licensing)
- For next 300 years male specialists grew in prestige & power while female midwives declined
- Despite attempts to gain legitimacy, in 1893 high rate of infant death attributed to midwives: registration ordered in Britain
- Public opinion favored midwives: legitimated in early 20th century, later employed as form of public health nurse
- In Canada, until mid-19th century, most births involved midwives
- Over time restricted (esp among mid-upper classes where competing with allopaths)
- Doctor's exclusive right to attend births grew in late 19th/early 20th century

- Yet, presently, midwifery licensing legislation has developed in many provinces as the result of lobbying/consumer advocacy

* Issues standing in the way of the practice of midwifery:

(1) Sexism/patriarchy still major hurdles
(2) Bureaucratization & hospitalization
(3) The profit motive
(4) The public health movement
(5) The emphasis on safety & pain relief during childbirth
(6) The campaign for ascendancy wages by doctors

* The present status of midwives:

- The home-birth/women's movement has intersected with the public move to cut health care costs
- While the legal status of midwives is still ambiguous in some provinces, in others it has legal status, with institutionalized salary & workload levels in place