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Editorial

Towards professional parity

The last decade has seen major innovations in nurse education: Project 2000, the Higher Award and open access to higher education all indicate developments which are helping to steer nursing towards the third millenium.[1,2] These educational themes have been coupled with dynamic events in clinical nursing: primary nursing, nursing development units, clinical practice development nurses and the scope of professional practice all point towards the increasingly autonomous remit of the contemporary nurse.

Emerging from this climate of change are clear indications that the culture of nursing is being rigorously charged with the language of professionalism. Nurses have always been expected to place great emphasis upon delivering excellence in practice. However, the 'new' terms used to describe the duties and obligations implicit in this process strongly suggest individual ownership and responsibility for nursing actions. Nurses are told to exercise accountability, accept responsibility and operate from a position of professional autonomy.[3] All of this has been coupled with the dominant theme that patient care will be improved as a result of this process. However, some commentors have argued that the use of such language places nursing practice behind a veil of semantics and offers little to improve the intrinsic value of care delivery.[2] Emerging from this is a scenario which further alienates practitioners and reinforces the increasingly 'ivory tower' image of nurse education. Rather than giving an enlightened perspective towards practice, many 'professional' developments seem to sit quite comfortably under the umbrella of the 'theory-practice' gap. Any moves towards 'professionalization' should ensure that the increasing body of knowledge is indisputably and intrinsically linked to improvements in patient care.

Despite these broad attempts to 'professionalize' nursing, research indicates that doctors and members of the public continue to see nurses as subservient, passive and acquiescent.[4–6] To a large extent, nurses must grasp responsibility for the role they have played in creating and propagating such negative imagery. A plethora of seminal and classical references castigate medicine for its patriarchal approach towards interprofessional relationships – yet little is said about the part nursing has played in maintaining such a dynamic.[7,8]

Central to any debate concerning disparity between doctors and nurses must be the failure of nursing to cultivate an identity, which is clearly distinct from the medical model. Nursing's failure to divorce itself successfully and universally from the medical model as a *modus operandi* for the delivery of care must be seen as a major contributing factor to the subordinate position nursing holds in relation to medicine. This professional shortcoming is particularly evident in care of the elderly environments where it is still common to find care organized according to tasks, routine and physical care giving, all of this being symptomatic of an approach which mirrors the influence of the medical model. Kitson[9] comments upon

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the lack of distinction between the medical and nursing frameworks by stating:

> When one considers the corresponding nursing care model, which could have served as the theoretical framework for the geriatric nursing care model, a major problem arises, namely that nursing does not have an operational model independent of the medical model.

Nurses must accept some responsibility for the level of inertia which has allowed this position to continue and prosper. Again, Kitson comments upon this professional indictment by stating:

> Nursing practice seemed content to follow in the wake of medical innovation and change. In consequence, nursing was unable to consider seriously the complexities involved in providing care. Nursing also failed to determine its essential components and failed to build a framework that would ensure the goal of care was achieved in the practice setting.

The nurse/doctor relationship forms the central conduit for the delivery of care. When professional groups are so closely entwined within an organizational *milieu* it is inevitable that antagonism and conflict will arise – it is an essential step towards achieving team work and consensus. However, in searching for professional parity with doctors, nurses must establish their own professional identity. This process will involve a paradigm shift of immense proportions. To some extent, the advent of such things as collaborative care planning and case management show a positive move towards equality and partnership between the two professions. However, in searching for this elusive end, Mackay[5] offers some sober counsel 'It is hard to please everyone: there are few perfect partners'.

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