"cancer." Notwithstanding, the peculiarity of mammographic screening is the combination of a precarious cost-benefit and harm-benefit balance, which is so dependent on skill and commitment and the public, political, and commercial pressure to develop a service in haste.

Accreditation may not be acceptable, but there is one further reason why it should be seriously considered. Accreditation will enable the profession to set satisfactory standards and help ensure that high quality screening can be developed steadily and not be steamrollered by public or political pressure. Since the government has made the premature decision to introduce a nationwide screening service stringent methods of control are needed. Without this, screening will be demanded when skills are not available, and great cost will be incurred for little benefit. More importantly, healthy women will be put at serious risk. The government may change its plan to introduce a nationwide screening service in under half the time recommended by the Royal College of Radiologists. If it does not the only way to avoid disaster may be to introduce a licence for breast cancer screening.

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Letter from . . . Chicago

Nurse shortages

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The women of America seem to have decided that nursing is no longer a suitable occupation for a college educated person. By voting with their feet they have plunged nursing into yet another crisis. Hospitals are advertising for nurses, offering incentive bonuses and finders' fees, and there is even talk of recruitment safaris to Dublin and Manila. News about the shortage is splashed across the front page of the newspapers[1]; administrators are advised to interview departing nurses to find out what ails them; and nurse advocates are in their glory. They complain that nurses are overworked, underpaid, and underrespected.[1-3] They want to look again at the very nature of the nursing profession. And they remind the doctors that without nurses the hospitals cannot function.

This is of course not the first time that we have had a nurse shortage—we had one in 1968 and then again in 1980.[1] But this one could be more serious and conclusive because the ingress into nursing is being chocked off. Since 1974 the number of nurse training programmes has decreased by 50% and since 1983 by 20%.[2] Within the next ten years the number of nurse graduates is projected to fall from 82 000 a year to 69 000 or even lower. The little girls who once dreamt of becoming nurses have made other plans; the nursing schools are closing right and left; the old pictures of dear matron surrounded by her pupils are coming down; and a tradition born in the camps of Scutari and the fields of Balaclava is passing into memory.

For some reason this crisis struck quite suddenly. Within two years the national hospital vacancy rate for budgeted nursing positions, an indicator of the shortage, doubled from 6·5% to 13·6%. It is 10% in Illinois; higher in Boston, New York, and the north east; most marked in the inner city and in public hospitals. The Veterans Administration says that it needs 4000 to 8000 more nurses to operate its programmes; the Health and Human Services Department foresees a shortfall of 1·2 million nurses by the year 2000. Throughout the nation hospitals are closing wards or intensive care beds; the shortages are especially apparent in unpopular or stressful working conditions; and many hospitals have had to upgrade their nursing aids and hire expensive temporary nurses from agencies.

Yet paradoxically more nurses are working than ever. Between 1977 and 1984 the number of employed licensed nurses rose by 55%.[2] At present somewhere between 1·5 to 2 million nurses are working—two thirds in hospitals. At a time of declining hospital occupancies, when almost 60 000 beds have been eliminated and over 400 hospitals have closed, this has given rise to considerable controversy whether the shortage is true or contrived. Yet it seems that relatively few nurses have transferred to ambulatory and administrative settings. In fact, the hospitals have been hiring more

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licensed nurses than ever. This may be due not so much to the increased number of sicker patients in hospitals under prospective reimbursement as to the realisation that nurses make good and versatile employees. They require little supervision, work for relatively low wages, and substitute when needed for doctors, administrators, clerks, and other hospital workers.[2] The present shortage seems to be caused by an increased demand for nurses by hospitals. It may become perpetuated by an ominous decline of interest in nursing that bodes ill for the future.

Growing unpopularity

The reasons for the growing unpopularity of nursing have often been discussed. Nurses are said to be dissatisfied with their working environment and irked by the administrative and bureaucratic rigidity of hospitals. "They tell us we are a profession but dock our pay if we are ten minutes late for work." Some nurses complain of having too many non-nursing duties, too much paperwork, too many bosses to answer to. There is not enough time for clinical bedside nursing and no input into hospital management decisions. Some think that they have insufficient backup, poor equipment, not enough help from other hospital personnel. Others complain that even when starting salaries are competitive the prospects for advancement are poor. They are quick to be blamed when things go wrong but rarely praised when they put in extra time or effort. And they are prone to burn out because they spend more time than the doctor at the bedside of hopelessly ill patients. Working hours are often unsatisfactory, especially when hospitals make night, weekend, or rotating shifts a condition of employment, so that hospitals find it much more difficult to staff these unpopular shifts.

Nursing has thus acquired an increasingly bad image. Poor pay, poor prospects, hard work, too many bosses. "The nurse does the work, the doctor gets the credit." "We get PhDs and still empty bedpans." "We are the doctors' handmaidens." Old stereotypes include the perception that "if they were smart enough they would be doctors," or go back even further to the days when nursing was regarded as a mean occupation reserved for tramps, low women, and camp followers in times of war. Nursing also tends to be identified with mothering and with an extension of the work women have traditionally been doing in the home. At any rate, the upwardly moving daughters of the American dream are too busy becoming managers, engineers, and astronauts to want to empty bedpans and run errands for the latest class of graduating interns. Why indeed should a smart college trained woman want to be a nurse when she can just as easily become a doctor. For the first time this year more women are choosing to become doctors than nurses; and once again the leaders of the nursing profession are locked in a debate about what nursing should be and how nurses should be educated.

Missing from the dialogue, to be sure, is the old fashioned notion that bedside nursing should be done largely by undergraduate student nurses. Few now remember the days when nurses were sent to the wards after a two weeks' orientation course in which they learnt to make beds and recognise the main parts of the anatomy on a manikin. They forget how they would spend the next four years being assigned increasingly responsible work, while occasionally slumbering through a lecture on potassium, until in their last year they would sometimes be left in charge of the ward, at least at night. They forget that they thought it was great fun and the patients were well cared for. They forget how after graduation most of them moved on to other careers because nursing was hard work and not something to be done for the rest of their life. So only a few stayed on to become ward supervisors or work in the operating room. All this is inconceivable in an age obsessed with classroom education and increasingly irrelevant since the nursing schools are closing anyway. But the dialogue continues on whether nursing should be studied at a diploma school or at the university, and meanwhile the prospective students are rendering the issue moot by choosing other careers. Thus much of the trouble arises from within the profession itself, from a tendency to constantly upgrade educational requirements. In the hospital, likewise, promotion depends more on educational qualifications than on clinical ability and length of experience. Hence the nurses' incessant preoccupation with acquiring further higher degrees until at last they become overqualified; and clinically oriented nurses reach a dead end in that promotion means transfer to an administrative post.

A general without an army

Another problem arising from the removal of the student nurses from ward to classroom is that their place was supposed to be taken by less qualified practical nurses and aids working under the generalship of the licensed nurse. This arrangement began to flounder when the nursing leaders decided to press for having more professional nurses and less unskilled aids on the wards. It collapsed when the financially embattled hospitals went half way by laying off the practical nurses and nursing aids, leaving the nurse alone at her desk struggling with paperwork, a general without an army. Then as the money ran out they also fired many orderlies, clerks, dietitians, pharmacists, and other hospital workers, dumping even more duties on an already overwhelmed nurse. That is to say nothing of the bewilderment of the new college graduates who hardly know how to take a blood pressure, let alone move a 150 kg patient.

The problem then seems to be to reconcile the need for bedside hospital workers with the aspirations of a college trained profession whose members are becoming increasingly skilled and able to follow a multitude of avocations. Nurses now work in intensive care, coronary care, or dialysis units, becoming so highly skilled that to run such units without them is inconceivable. But they also have the option to leave the bedside altogether and become public health nurses, occupational disease nurses, industry nurses, or they can become managers, work for drug firms, or conduct utilisation reviews in hospitals and nursing homes. They can join nursing agencies that subcontract their services to hospitals, thus working at their own convenience and commanding higher pay than regular nurses. Tiring of answering to doctors, some are even setting up practices of their own, calling at patients' homes to give nursing care and billing third party carriers for their services. Everything is possible in a constantly changing society, but the problem of how hospitals can attract enough nurses remains.

Here solutions abound. More pay, more prospects, more respect, more input, less non-nursing duties, better hours. Nurses should be few, thought Florence Nightingale, should not scour, and should never have to do work that could be left to orderlies. Many nurses would like to see a more open and less rigid administrative structure in the hospital, more decentralised and offering the option of lateral career changes to avoid burn out. Scholarship and tuition reimbursement may help to attract more nurses, as may a general campaign to improve the image of the profession. It would help, one senior nurse suggested, if they stopped showing a certain television programme where nurses were ever willing sex objects of medical students and residents.

On a more theoretical level some people have re-emphasised what the meaning of nursing should be. Doctors and nurses should be regarded as having distinct but not competing functions. The doctors are more disease oriented, scientific, and detached. Nurses are more "attached," caring, and people oriented. They are more concerned with symptoms, their relief, and what they mean to the patient.[4] Yet all this gives little comfort to hospitals faced not only with staffing shortages but also with seemingly unending demands for more money and better working conditions. Some hospitals have responded by rehiring the aids and practical nurses they had laid off, others by bringing in more technicians into their special units. Clearly there are no quick solutions and only time will tell how this will work itself out.

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