

Top-Ranked Nursing School is Older than She Looks

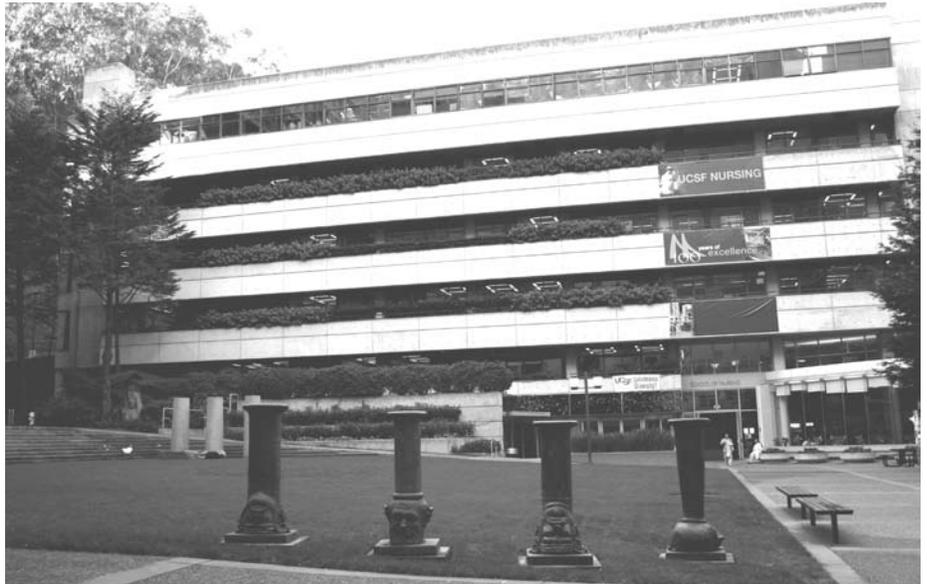
UCSF Celebrates a Centennial

We never hear about them in the news except when they're on strike. But nurses do a lot more than carry picket signs. Maybe that's why there's still a shortage of them.

November 1, 2006

Alongside the University of California Medical Center on Parnassus Street, tucked behind the medical sciences building, quietly sits the number one ranked school of nursing in the United States. In September, with equally unpretentious humility, this institution began a year-long celebration of its hundredth anniversary.

Sometimes you can be *too* quiet. For instance, we may never know just how integral UCSF's nurses have been to the history and development of San Francisco's public health system.



UCSF Nursing School on Parnassus Avenue. Many campus visitors have never seen this lawn, which is off the street, tucked behind the clinical sciences building.

That's because in spite of an uninterrupted record of service that began in the aftermath of the Great Quake of 1906 - when all the city's hospitals were leveled - both the school and the profession have been mostly snubbed by the press.

And while the field of nursing itself has evolved to the point of being virtually unrecognizable from its days in the Crimea with Florence Nightingale, most people still believe the job involves little more than changing bed

pan, taking a patient's temperature, and administering shots.

According to Kathleen Dracup, dean of the UCSF school, "Nursing was set up as a relatively dependent position in medicine to essentially carry out the orders that physicians mandated. Patients died of sepsis or infection, and there was a lot of watching and waiting."

All that has changed, she says, "as we've moved into a model of far less infectious disease and far more chronic illness."

The nursing students were initially charged with staffing San Francisco's first university hospital built in 1907. In 1918, during the worldwide epidemic of influenza, classes were suspended and students were drafted into service to care for the sick. An estimated 50,000 city inhabitants became ill and nearly 3,000 died.

As for the school, nurse pioneers like Edyth Bryan and Margaret Tracy pressed the UC central administration in Berkeley to establishing a more formal academic program with a dedicated faculty.



School of Nursing Dean Kathleen Dracup.

continued

This idea to develop a discipline of nursing science would later prove critical to the advancement of medicine in general. At the time, however, the male-dominated powers that be at Berkeley, including UC President Sproul, flatly rejected the premise. Only in 1941 were funds allocated and a faculty recruited to open the school.

And as Dean Dracup says, times have certainly changed

Last year the National Institutes for Health (NIH) awarded the school \$15 million in research grants, the largest chunk of cash dispensed to any academic nursing institution nationwide.

"Nurses make decisions all day, every day about how to best care for patients," Dracup explains. Whereas previously "much of that was just done by tradition or intuition, over the last 30 or 40

years as nurses have gotten doctorates and have been supported by NIH to test what we do, we have created the science that those decisions are based on."

Besides the basic nursing license, UCSF offers both masters and doctorate programs. Each year 75 students are accepted into the school's accelerated 12-month curriculum for those who already have bachelors in other fields.

After securing the initial license as part of their Masters Entry Program in Nursing (MEPN), students pursue a degree as nurse practitioners, midwifery nurses, academic researchers, public health nurses, or in another specialty area. The school also offers Advanced Community Health and International Nursing master's degrees.

Dracup notes that both the development of nursing science

and the advanced training curriculums have utterly transformed the relationship between physicians, nurses and other medical personnel in hospitals around the country.

Where nurses once stood idly by waiting for orders like "Scalpel," nowadays each member of the team plays an active role, whether it's in the emergency room or the operating room.

Besides that, in rural areas nurses provide anesthesia and perform other tasks usually reserved for M.D.'s.

Still, old stereotypes die hard. An article in *Nurse Week* magazine reported that a study of 1,800 American schoolchildren last year found that most kids find nursing to be a scary and stressful job, with little chance of advancement and terrible hours

A poll by Vanderbilt University Medical Center's School of Nursing meanwhile found that 95 percent of Americans overwhelmingly trust and respect nurses. Nurses consistently score the highest honors in the annual Gallop Poll rating most admired occupations, only occasionally placing second to firefighters.

Asked about the nurse shortage, Dracup says it's currently hovering at around 5% in major cities, and up to 25% in underserved areas, including rural and poor communities. In addition, while more people are taking up the occupation, the number of slots available at nursing schools has remained surprisingly unchanged. In California, only two of UC's 33 campuses include a nursing school. UC Irvine is scheduled to open a third school in coming months.

Age is another concern. In the 1970's, the average nurse was



With a background in pediatric mental health and social work, Pascale Fisher provides an elderly patient with tube feeding to supplement her nutrition. "A doctor has 5 minutes with a patient," Fisher explains. "As a nurse practitioner, I will have more time, and I'll be doing education."

continued



Shantice Williams at work on the cardiac care floor at the UCSF medical center. "We're not only responsible for hearts. It's also hypertension, diabetes, depression... and we're communicating with many teams." Williams is a former perinatal HIV coordinator, now studying to become a family nurse practitioner.

in her early twenties. Today she's in her mid-forties. Dracup attributes that doubling to the meltdown in the 1990's, when nurses were bailing out of hospitals in droves. Chronic staffing problems, low pay and burnout took their toll, and the dim outlook for the future discouraged many of the profession's younger recruits.

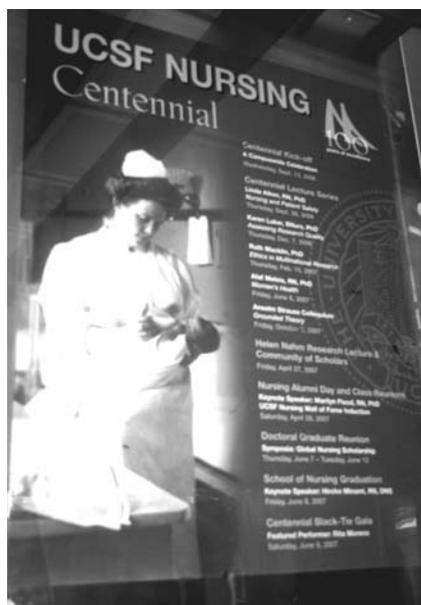
On the positive side, unions representing various health care professions have negotiated higher wages and better working conditions over the last decade. California nurses are now among the highest paid in the nation.

But the health care system is far from out of the woods. As the American population itself continues to age, labor-intensive maladies like heart disease, cancer and diabetes are consuming more and more human resources. Dracup also notes that most insurance plans pay for procedures only, ignoring costs associated with education and preventa-

tive care. Consequently, doctors no longer spend much face time with patients.

According to the California Nurses Association, charge nurses have been filling that gap, often advocating on the patient's behalf for better or alternative forms of treatment.

Unfortunately, such initiative has led some hospitals to try and



reclassify such nurses as managerial staff, making them ineligible for union representation. This position was recently backed by a ruling from the National Labor Relations Board which CAN and other unions have vowed to fight.

Given that the workplace can at times resemble a minefield, along with the fact that doctors make so much more money, it's puzzling that anyone would choose to spend several years studying nursing rather than simply becoming an M.D.

Dracup says she poses that question to a class she teaches every semester. "These are students very committed to social justice," she explains. Many have told her they want to work in an underserved community, or focus on a particular expertise, like end-of-life-care, where lots of face time is required.

"Nurses usually say that what they're really interested in is working with patients and families, to help them figure out how to incorporate changes, how to promote health and prevent further illness," she explains. "And those are the things that physicians increasingly don't have time to do because of what is reimbursed in our health care system."

copyright 2006 The City Edition
www.thecityedition.com