

Searching for Nursing's Futures

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The Problem

Biological model

Cure

High tech

Acute

Control information

Reduce uncertainty

Individual

Social model

Care, prevention, coping

High touch

Chronic

Share information

Accept uncertainty

Family, community

A Solution

Hmm, I wonder....

A Solution, I

Biological model	+	Social model
Cure	+	Care, prevention, coping
High tech	+	High touch
Acute	+	Chronic
Control information	+	Share information
Reduce uncertainty	+	Accept uncertainty
Individual	+	Family, community

A Solution, II

Increase influence of nursing on:

- ◆ Clinical care, community health
- ◆ Healthcare organization leadership
- ◆ Health insurance
- ◆ Healthcare policy, research

Strategic Adaptation of the Health Professions

- ◆ Success stories: physical therapy, allopathic medicine, optometry
- ◆ Mixed/troubled histories: pharmacy, chiropractic, nursing, occupational therapy

Strategic Adaptation of Nursing

It is a paradox that despite the considerable responsibility assumed by professional nurses for the treatment and care of patients, their organizational role in hospitals and elsewhere is so lacking in autonomy and authority characteristically associated with professional status.

Strategic Adaptation of Nursing

It is a paradox that, at any one time, a third of those qualified to practice as RN's choose not to.

Strategic Adaptation of Nursing

It is a paradox that, in popular parlance, the same, unmodified nouns “nurse” and “nursing” should be applied so indiscriminately to a wide variety of health care activities, and to an occupation that includes some of the least-educated members of society and some of the most educated.

Strategic Adaptation of Nursing

It is a paradox that, whereas other occupations in America accorded the prestigious title of profession have long since established the bachelor's degree as a minimum prerequisite for practice, professional nursing continues, despite historic and bitterly fought battles, to rely overwhelmingly on the services of persons who have not received a college education.

Strategic Adaptation of Nursing

Source?

- ◆ Fred Davis, pp. vii-viii in *The Nursing Profession: Five Sociological Essays* (New York: Wiley, 1966)

Science of Complex Adaptive Systems

- ◆ systems consisting of multiple, diverse, interconnected elements
- ◆ evolution and emergent characteristics of nonlinear dynamical systems over time

Applying Complexity Science

- ◆ Understand the system
- ◆ Exert influence over the system

Understanding the System

- ◆ Nursing is a nonlinear dynamical system
- ◆ Nursing is complex and adaptive
- ◆ Pace of change in the health sector, and effect of changes on the professions, are quickening. This requires organizations and professions to change.

Understanding the System of Nursing

- ◆ Powerful “dominant logic” drives the system. [Deep structure. Vision, values, simple rules.]
- ◆ Huge size creates inertia
- ◆ Significant diversity of internal segments

The Dominant Logic of Systems

- ◆ Data (input) is filtered through underlying beliefs
- ◆ System learning is affected

Dominant Logic of Nursing

1. Nursing strives to be “professional”
2. Nurses are oppressed, are victims
3. Nurses focus on “caring”

1. Nursing strives to be “professional”

- ◆ Raise entry level education
- ◆ Standardize curricula
- ◆ Insist on workplace autonomy
- ◆ Service orientation
- ◆ Specialized, unique knowledge base



Constant conflict, schism, identity crisis

2. Nurses are oppressed, are victims

- ◆ Dominated by physicians
- ◆ Nursing 95%+ female
- ◆ Not treated like “professionals”

3. Nurses focus on “caring”

- ◆ Essential feature of nursing practice
- ◆ Differentiates nursing role from physician’s (“curing”)

Huge Size as Source of Inertia

- ◆ “. . . *structural inertia increases with size for each class of organization*”
- ◆ 2.5 million RNs of 10-12 million health care workers

Diversity of Internal Components

- ◆ Nursing Organization Liaison Forum: 70+ member organizations
- ◆ Many orgs. founded 1980+: NPs, spinal cord injury nurses, managed care nurses, holistic nurses, psychiatric nurses, dermatology nurses, directors of nursing administration in long term care, neonatal nurses, chemical dependency nurses, nurse massage therapists, forensic nurses, . . .

Influencing the System's Future

- ◆ Shift the dominant logic.
- ◆ Use size and diversity as strengths.
- ◆ Build on small successes and opportunities. Celebrate and diffuse them. Create tipping points.

Optimism



Dominant Logic Shifting?

1. Nursing strives to be “professional.”
 - ◆ *Nursing is a unique profession. Entry to all of its segments is not protected by high educational standards.*
 - ◆ *Nursing doesn't have to imitate other professions. It can forge a unique path.*

Dominant Logic Shifting?

2. Nurses are oppressed, are victims.

◆ *All clinicians are oppressed, by administrators and managed care companies.*

◆ *Both the myth and reality of victimization are fading with growing knowledge base and power.*

Victim vs. Leader

- ◆ Nursing has defended patient interests by resisting efforts of delivery organizations to cut costs. [VICTIM]

vs.

- ◆ Nursing has led innovations in efficient and effective utilization of resources to enable delivery organizations to improve quality for patients. [LEADER]

Following nurses' orders

At N.J. hospital, doctors agree to take cues from advanced-practice nurses. The program is leading to better quality, increased revenue

It's not unusual for a nurse to approach a physician at Hackensack (N.J.) University Medical Center and talk about the right clinical steps to take on behalf of a patient. Surprisingly, it's not unusual for the doctor to take direction from the nurse.

But it's for an unusually good reason. The impact of this collegial exchange, and the program that encourages it, is so evident at the 635-bed hospital that the practice of using clinically specialized nurses to monitor and prompt doctors is becoming routine in cardiac and pulmonary care, where the approach was first tried during the past few years.

"You can come up to a doctor and he'll say, 'You know, you're absolutely right, go ahead and do it,'" says Karen Setti, an advanced-practice nurse specializing in cardiology.

Based on successes and lessons learned in the critical areas of heart and lung treatment, hospital management is spreading the technique throughout the facility.

The benefits for hospital operations include dramatically higher compliance with proven standards of clinical treatment, along with business bonuses that include lower cost per case and the opportunity to earn millions in extra revenue by improving outcomes and freeing up beds faster.

For example, near-perfect adherence to a strategy for treating pneumonia resulted last year in a decrease of \$444 in the cost per case and a reduction in stay of 1.3 days. For Hackensack, which operates at full capacity, filling the empty beds brought in more than \$300,000 in additional revenue. That's from improving just one course of treatment among hundreds.

For patients, those moments the nurses spend with doctors are aimed at quicker improvement in their

condition, less time in the hospital, less likelihood of complications and better long-term health prospects.

When applied to pneumonia care, the biggest improvements came in selecting the correct antibiotics and starting them within four hours of patients showing symptoms, says Peter Gross, M.D., leader of Hackensack's project to gain unerring compliance with indicators of quality medicine. Gross is chairman of the medical center's department of internal medicine.

The concentration on pneumonia care also heightened awareness that patients normally should get a vaccine that fights the bacterial cause of the disease, says Linda Aho, the nurse who took charge of that project. Nationally, only 40% of patients get the vaccine when indicated. Hackensack improved that to 80%.

Obstacles to good medicine

These are interventions well-known to the medical field and amply supported by clinical research, but in general they're not yet part of the cure for patients or the business case for hospital efficiency, Gross says. Usually it takes many years to foster practices acknowledged as safer and cost-effective, even after they are coalesced into a step-by-step guide that doctors should heed in the course of treating a patient for a certain condition.

"There are a lot of guidelines out there and nobody's using them," Gross says.

The central aim of the Hackensack clinicians' collaboration, he says, is to bridge the gap between published breakthroughs in medical care and their adoption in the healthcare routine.

The failure of clinicians to harness solid new science for the good of patients is a much-studied shortcoming of the healthcare field and has become a major focus of action to improve public health



'The old model of doctor as the captain of the ship—but no crew—has not worked.'

—Louis Teichholz, M.D.

Dominant Logic Shifting?

3. Nurses focus on “caring.”

- ◆ *Nurses “care,” but they also have highly specialized, scientific knowledge about caring and about a wide array of other means of health promotion and prevention and treatment.*

Dominant Logic Shifting?

“Ahead of its time, long into the future...nursing is the model for the new technological society. The more information you have the more compassionate you become. What other profession can say that?”

— Garrett, 1991

Use Size and Diversity as Strengths

- ◆ “The Nursing Occupations and Professions” vs. “The Nursing Profession”
- ◆ Nursing education as a foundation for a variety of careers and lifestyles and life choices, emphasizing opportunity and diversity
- ◆ Build relationships, linkages across diverse segments [core identity]
- ◆ The Power of Two

Build on Small Successes and Opportunities, I

- ◆ Most trusted profession
- ◆ Patient satisfaction movement
- ◆ Growth of chronic illness
- ◆ Family-centered treatment movement
- ◆ Relationship-centered care movement
- ◆ Patient-centered design movement

Patient-Centered Design Movement

“In the vast majority of Planetree affiliate hospitals, as well as other patient-centered organizations, the local champions for the project are nurses. They perceive a patient-centered approach as the right way to treat patients. They are often joined by health care administrators... Surprisingly, physicians have rarely taken a leadership role...”

– Horowitz, 2003

Build on Small Successes and Opportunities, II

- ◆ Patient safety movement
 - Institute of Medicine report, *Keeping Patients Safe*, 2004
- ◆ Workforce shortages

Unsafe Hospitals as Opportunity?

“...it is not just necessary, but also possible, to transform the work environment of today’s nurses...such changes will benefit nurses, other health care workers, and the organizations in which they practice.”

– IoM, *Keeping Patients Safe*, 2004

Unsafe Hospitals as Opportunity?

“People now regard nursing as an integral element of patient safety and quality improvement.”

– Aiken, 2005

Shortage as Opportunity?

- ◆ Decrease nursing education programs by 10-20%, with closings coming in associate and diploma degree programs.

- ◆ Increase masters level NP programs.

– Pew Commission

Build on Small Successes and Opportunities, III

- ◆ National Institute for Nursing Research
- ◆ Magnet status movement
- ◆ Nurse staffing research
- ◆ Clinical Nurse Leadersm movement
- ◆ Practice doctorate in nursing

Other Evidence of Change

- ◆ “100 Most Powerful”
- ◆ Education of health administrators
- ◆ Nursing leadership development activities
(RWJ, local universities, UCSF Center for Health Professions)
- ◆ Success stories like Hunterdon Medical Center, Flemington, NJ

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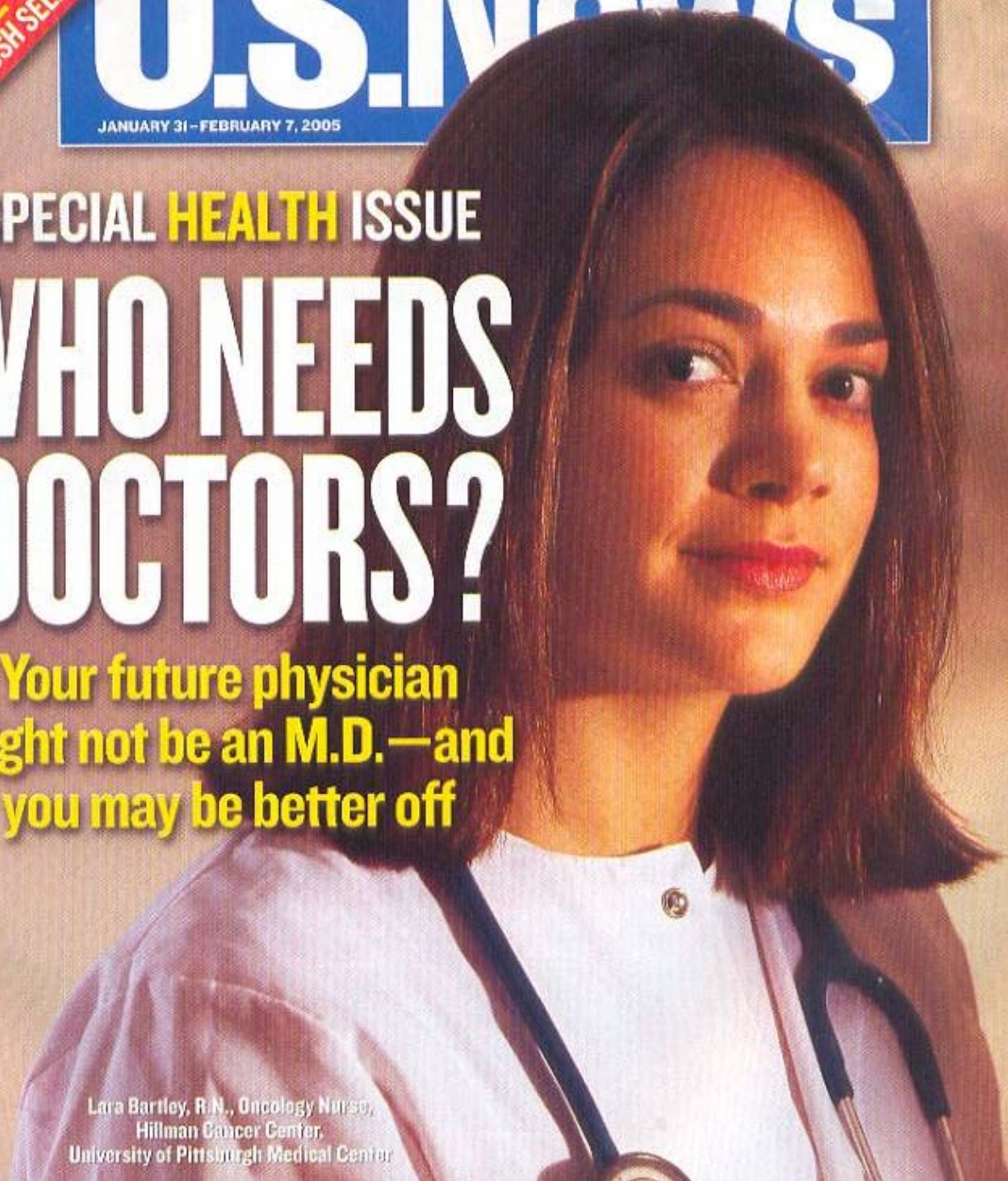
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SPECIAL **HEALTH** ISSUE

WHO NEEDS DOCTORS?

**Your future physician
might not be an M.D.—and
you may be better off**

Lara Bartley, R.N., Oncology Nurse,
Hillman Cancer Center,
University of Pittsburgh Medical Center



Signs of a Tipping Point?

- ◆ How could one recognize a tipping point in a large, diverse, loosely coupled complex adaptive system?
- ◆ Confluence of positively reinforcing events?
- ◆ Era of transformation?

Conclusion

- ◆ *“As we long for a total revolution in health care, we should determine how to unlock the potential that resides within the nation’s two and a half million nurses.”*

– O’Neil, 2004

- ◆ What better place to energize, represent, lead the revolution?

The CNLSM “Solution”

- ◆ The Clinical Nurse Leadersm (CNL) champions innovation, improves patient outcomes, serves as a lateral integrator and reduces health care costs. The CNLSM is able to integrate emerging nursing science into practice through leadership and mentoring and elevate the entirety of nursing practice. The CNLsm is a recognized, credible leader in all settings and serves as an advocate for reform in the health care delivery system while putting best practices into action.

Conclusion

- ◆ CNLsm Pilot Project as a fractal in larger pattern