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## Understanding the New World of Nursing

1/17/00 *How do you respond to the radical changes in the economics, technology, and structure of healthcare? An expert offers insights on the future of the profession and how to cope in these tumultuous times.*

By [Tim Porter-O'Grady, EdD, PhD, RN, FAAN](#)

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Not long ago, a colleague was telling me that she was almost "at the end of her rope." The staffing levels at her hospital were just below her comfort level. Although the content of her work had changed, the intensity of it hadn't. My colleague was pretty sure that if another opportunity came along that was less demanding, she would take it—and it didn't have to be in nursing.

I hear a lot of this kind of story from colleagues all over the country. There is no doubt in my mind that it's a difficult time for practice and that things are changing so fast that it's hard to know the right response. By now, everyone realizes that healthcare is in the midst of great change with remodeling the payment model, the impact of technology, and the changing role of the consumer.

But do you understand the implications of these trends for your work and career? In this article, I'll offer a perspective on how to cope with the changes. Before I do, though, let me mention a few of the major shifts in the foundations of health care.

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### Not the same system

- Most of what was once done in the hospital doesn't need to be done there any longer. So that leaves only the very sickest to use hospital services.
- Portability is the keyword for the future of health service. This means more people to serve but over shorter periods of time.
- Portability of technology is creating the machines of service in ways that make them manageable by consumers (think about the portable defibrillator in your purse).
- As medications replace procedures (for example, second-generation lipotropics replacing open heart surgery for 90% of patients), payers are wondering what they should continue to pay for instead of paying for *both*

- As the U.S. Human Genome Project finishes categorizing human genes, the resulting information changes the way in which disease will be addressed, eliminating many treatment methods that exist today.

I mention these shifts to make a simple point: the healthcare system isn't the same one we all grew up in. Most of us are working in a system on its way to extinction with all the pain and challenge that implies. For much of the system, the change in structure, service, and payment are the symptoms of the significance of the change.

So where does all of this change leave you? You must still meet the existing demand at the same time that the framework supporting it disappears. You can't simply say to your patient, "Oh, that procedure is changing and we can't serve you any more so go home." You have to provide the service regardless of the changes in how it's paid for or the technology used.

For the nurse, there is a sense that she or he is stuck "between the devil and the deep blue sea," leaving a lot of no-win options. And the organization feels constrained because it still must provide a level of service even though what it's paid for may not support what it provides. Everyone is hit and all players in the service system are feeling the pinch.

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### **Basic principles**

With these trends in mind, you also need to understand some basic principle:

1. None of these changes were unanticipated. The signposts pointing in this direction were apparent 10 or even 20 years ago. You have a right to expect that major change is anticipated with enough rational thought and discourse that it can be properly responded to by all those affected.
2. Everyone has the right to expect that they'll have the right resources necessary to do their work with the level of quality expected of them. Suggesting to people that they can't have what is necessary to do the work expected of them in a way that sustains quality shows appalling lack of good sense.
3. When the work changes, everyone doing it has a right to play a role in defining how it will change and what response will be the right one.
4. Issues not directly dealt with are issues not dealt with at all. If staff members have real concerns regarding their work and don't act with one voice in response to it, they shouldn't expect that their issues will be satisfactorily addressed by anyone. Nurses have a habit of remaining fractured with a wild array of views on an issue that concerns them—and yet they expect the powers-that-be to deal with them to the satisfaction of various constituencies. Not possible, and therefore not done! Some level of cohesion is necessary regarding what might be needed before an issue can be adequately dealt with and resolved.
5. There is no magic that someone in the wings has that they're simply holding back that could make things right for all those who are suffering the slings and arrows of change. Everyone is struggling to keep up and make things work. We're writing a new script for healthcare and we're writing it as we go. The expectation is that everyone has joined in the journey and is willing to do his or her part in making it work.
6. A word for managers: If you're not embracing the future and engaging the changes with a positive level of energy, then don't expect your staff to do so. If

your colleagues, don't be surprised if the staff behaves in precisely the same way. Make sure you're always aware of your attitude, language, and behavior—your staff is always watching.

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### Three S's

So how do you cope in this brave new world? Stay alert to some rules of thumb with regard to the three "S's": *standards, staffing, and service*.

**Standards.** Standards provide a foundation or a set of parameters around action that give it consistency and form. They're not static—they shift when the reality or demand changes. Standards serve as a rational framework within which action can occur and be evaluated. Standards aren't procedures; they're the principles upon which procedures are based.

In a highly changing environment, standards should be used as vehicles for judging change in a way that validates the change and gives it a point of reference. Staff and leaders should use standards to assess changes and to reflect the content and value of the change on current behaviors and practices.

**Staffing.** Staffing and resource issues should reflect the standards that underpin them. Everyone should be clear that there is a logical, rational relationship between the staffing and resource standards and the level, intensity, and distribution of work. The standard should reflect a rational connection between it and the information that supports it. If it doesn't, it's as though a standard doesn't exist at all.

Staffing is usually the most visible indicator of this broken relationship. When there is no clear data that suggests the relationship between demand, work, and expectation (outcome), there is no viable standard. If finance (or the lack of it) is the only variable that underpins staffing, then there is no viable standard. Two key elements of a standard are missing; demand and expectation. Staff and their leaders must be vigilant regarding the formation and use of a standard and the shifting data that changes it so that they're always applying what is true and correct.

**Service.** Service is essentially the work we do to meet the needs of others. The issue for the times however is this: Whose perception of the work? Today we have a crisis in expectation. The patient expects the same service, time, and content that he's always received, and the nurse has a notion of the number and kind of things that the patient should get during his experience. For the most part, neither one of them has talked with each other about their expectations. It is in this crazy context that the nurse tries to provide good service.

In a changing context for health care, none of the expectations that either nurse or patient brought to their relationship can be met any longer. Process now makes it possible for the patient to get in an hour or a day what he or she once got in five or six days. The patient expecting to get the same service content that he or she got when he or she was an inpatient is unrealistic. On the other hand, the nurse expecting to do all the things in a day she once did in a week is also ludicrous. Both have expectations that neither can now fulfill.

In this scenario, the nurse must alter the patient's vision of what health service is becoming and then deliver good, caring service within that new equation. Changing their mutual expectations of each other becomes a major part of the nurse's work if either the nurse or the patient is to feel satisfied.

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### **Creating a new context**

What brought you to nursing is likely not present any longer. Every nurse now must recognize that the work of nursing is to create a new context for practice that reflects the changing world within which we live. The economics, portability, technology, and structure of healthcare are being radically altered. Each nurse must incorporate these realities into his or her own practice and contribute to creating a new framework for the profession. Nursing's work isn't changing; change is nursing's work!

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