Desperately Seeking an Upside

A commercial that I would like to see but probably never will:

A mastectomy and axillary lymph node dissection: $10,000.
A course of chemotherapy for Hodgkin’s disease: $45,000.
A bone marrow transplant: $200,000.
A professional oncology nurse to get you and your family through a diagnosis of cancer: Priceless.

Oncology Nursing Society (ONS) Executive Director Bridget Culhane, RN, MN, MS, CAE, uses e-mail technology to good effect. She has established a list of ONS leaders and groups to whom she can send periodic e-mail alerts about information of particular interest or in need of immediate attention. A few weeks ago, she notified us of the impending publication of an important article in the New England Journal of Medicine about nursing staffing levels and patient outcomes (Needleman, Buerhaus, Mattke, Stewart, & Zelevinsky, 2002), and just recently, she used the network to inform us that the much-touted Nurse Reinvestment Act was in danger of not being passed by the end of the Congressional session and to ask us to contact our representatives to urge action. These communiqués presumably initiate an “e-mail tree,” and the news gets filtered out to even greater numbers of contacts. Through more traditional, non-ONS modes of communication (e.g., newspapers, magazines, professional journal articles), other alerts have been reaching my desk. The May/June issue of The American Nurse 2002 covers the problems of nurse retention. The American Journal of Nursing reports on a survey of nurse-physician relationships regarding nursing retention (Rosenstein, 2002). My daily newspaper regularly reports on nursing shortages, the shortage of hospital beds, nursing strikes for better working conditions—the list goes on.

Only a few months ago, I was hopeful that the increased attention to the serious problems facing nursing would bring about change. Recently, however, the more publicity we get, the worse the situation seems to be. The closer the scrutiny, the more pervasive the problem appears. I ask myself if the situation only seems to be worse because we are looking at it so closely, or is the problem a great deal more serious than we thought?

I am not sure if it is possible to scrutinize the problem closely enough. What is important is to avoid missing the forest because we are looking so carefully at the trees. We have weathered many “shortages” in years past, but either the problems effectively fixed themselves or superficial approaches got us over the rough spots. We never looked carefully at the root causes of nurse dissatisfaction, and when opportunities for career choices for young adults blossomed, very little remained about nursing that was appealing enough to maintain its attraction. Rosenstein’s (2002) findings that verbal abuse of nurses by physicians is still rampant tell us a great deal about the stubborn hospital culture that continues to allow this to occur. That today’s discussion of the problem also includes the fact that sometimes nurses are the abusers merely under scores the fact that the problems never have been addressed directly. The solution is not for the victims of aggression to respond in kind. Professionals should exhibit professional behavior. Problem solving needs to reflect education and civility, not a “give as good as you get” mentality.

Another critical difference these days is that the playing field is fundamentally different. Health care is and has been in turmoil for years. Is anyone really surprised that the largest group of healthcare workers—nurses—is feeling the effects more strongly than perhaps anyone? Couple the reduced flow of students into nursing with an aging, disenfranchised, and overworked group of professionals and you have the recipe for disaster that has been cooking slowly for a long time.

The answer is to look carefully at just about everything. We need to work on all levels, both big and small. I am afraid that in the short term, we will feel as if no upside exists, nor hope for a better future. When remodeling a house from the bottom up, it seems as if it never can be put back together, but the end result is a stronger, more efficient, cleaner dwelling that never could have been accomplished with just a touch-up every few months. Tough work lies ahead. We need to envision a stronger, larger, more cohesive nursing force that constantly nurtures and refreshes itself and then work to accomplish the fundamental changes that must occur. No level of nursing—education, practice, accrediting bodies, nor the professional organizations—should be exempt from scrutiny and outside-the-box thinking. The work will be tough and dusty, but no one is better suited to do tough and dirty jobs than a nurse. So, roll up your sleeves and dig in. Get involved at your workplaces and in your professional organizations to contribute ideas and make things happen. Call your representatives in Congress to remind them that merely voicing support for nursing is not enough; they need to pass the supportive legislation! Most importantly, fight against losing heart. If we continue to remind ourselves and our colleagues about how much is needed and the quality of care in hospitals. Needleman, F., Buerhaus, P., Mattke, S., Stewart, M., & Zelevinsky, L. (2002). Nurse staffing levels and the quality of care in hospitals. New England Journal of Medicine, 346, 1715–1722. Rosenstein, A. (2002). Nurse-physician relationships: Impact on nurse satisfaction and retention. American Journal of Nursing, 102(6), 26–34.