



# Briefing

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The easing of the hospital nursing shortage in many areas of the United States is no indication that the nursing profession is now free of the problems it faced in the 1980s. To the contrary, because they are apparently shouldering the healthcare system's cost-cutting burdens, nurses say they are unhappy with their profession. Two-thirds of 10,000 nurses who responded to a Service Employees International Union study released last January said they had thought of leaving their current job or the profession. They expressed frustration with inadequate staffing levels that require them to take on more nonnursing tasks and assume duties for which they feel unqualified.

Problems are likely to continue for some time. Not only is reform changing nurses' jobs, technological and social forces are also provoking a revolution in healthcare delivery. For example, 85 percent of surgeries may be done on an outpatient basis by the year 2000 and patients and payers will increasingly pressure providers to demonstrate high-quality outcomes at the lowest cost.

In this issue, experienced nurses look at ways organizations and nurses can meet the future head-on. Marianne D. Araujo and Suzanne M. Carballo raise questions about professional licensure and how nursing curriculums can prepare nurses to practice in multiple settings and participate in healthcare teams.

Director of Nursing Judy London describes a multidisciplinary process at Mercy Health Center, Oklahoma City, in which nurses help develop clinical pathways and patient care plans. This innovative program—"collaborative case management"—breaks down traditional barriers between departments and between physicians and nurses.

As healthcare professionals begin to work more closely with one another, conflict is inevitable. Aubrey R. Fowler, Stephen C. Bushardt, and Maria Alicia Jones maintain that, with training in communication skills, staff can use confrontation positively to resolve conflicts over the long term.

Julia A. Lane and (in a sidebar story) Pat McGarry paint an intriguing picture of an earlier time when nursing students received lifelong inspiration from the sisters they observed during their training. With its emphasis on prevention

and wellness, healthcare reform is renewing attention to values the sisters have always modeled—especially concern for the whole person. Lane's practical suggestions for how hospitals, educational institutions, and systems can continue to imbue nurses with these values are as timely as those for conflict resolution.

## HEALTH PROGRESS MISSION

Over the past few months, the *Health Progress* staff has been reassessing the journal's role in light of the Catholic Health Association's goals for serving its members and the needs of readers. Amid the "sound and fury" of healthcare newsletters and *USA Today*-type publications, what is the relevance of journals that make greater demands on readers' already limited time?

We are convinced the thought-provoking journal is more relevant than ever before because healthcare issues are more numerous and complex than ever before. Busy decision makers need the thorough, intelligent analysis in publications like *Health Progress* to help them sort through myriad questions.

With these needs in mind, we have made some changes and additions to *Health Progress*. Often, we present information in an easily accessible "case study" format, and we provide handy reference lists of readings to augment our coverage of complex topics such as long-term care. On the last page of this issue, we begin "Final Say," a thoughtful perspective on aspects of healthcare policy or delivery that will alternate with "The Human Element," a regular feature.

Our self-assessment also resulted in a new mission statement for *Health Progress* (p. 5) that responds to the issues that represent the greatest challenges for you, our readers. The statement makes explicit our role: to provide a range of views and ideas that will help you interpret events and issues so you can prepare for the future.

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