

NURSE

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Health Care Reform Won't Work Without Strengthening the Role of Nursing

by Sandy Summers,
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Health care reform is the serious-minded media event of the summer, but one element of the story has inspired relatively little serious discussion: the role of nursing. President Barack Obama has made nurses a visible part of his efforts to spur reform, but to achieve real gains, particularly in access to care and cost containment, we must strengthen nursing and overcome some negative cultural stereotypes that suggest that nurses are nothing more than “doctors’ helpers.”

The standard formulation when discussing providers is “doctors and hospitals,” but it is nurses who provide most of the skilled care hospital patients receive, and the only care that many in underserved communities receive.

Nurses could do far more to improve our health if we let them. With more resources, community health nurses and school nurses could prevent or better manage many illnesses, such as diabetes and heart disease, vastly decreasing the burden these illnesses place on hospitals. Nurses would also provide most of the care in responding to an epidemic like the H1N1 flu.

Studies suggest that increasing nurse staffing levels and the credentials of the nurses in clinical settings could actually cut costs, reducing complications and hospital days and saving lives. Nurses also improve the quality of care through ongoing health management and advocacy efforts, such as increased breastfeeding.

Nurses are also vital to cost-containment efforts. It is nurses who monitor and advocate for patients to prevent costly (and deadly) errors and needless hospital readmissions. Nurses teach patients how to adapt to and manage their conditions. And advanced practice nurses, who combine expertise with a holistic focus, provide cost-effective primary care that studies show is at least as effective as that of physicians.

But despite all the lip service for nursing as the “most trusted” profession, nurses suffer

from a critical lack of resources. Understaffing drives direct-care nurses from the profession, yet the deadly practice remains endemic. Research shows that nursing residencies could save millions of dollars by keeping nurses in the profession, yet such residencies receive only 1/300th of the funding that physician residencies do. Nursing schools lack resources, so they turn away thousands of qualified applicants, despite projections that the nursing shortage will grow much worse. And nursing research remains starved for funding -- receiving less than 1/200th of the National Institutes of Health budget.

How can this dearth of funding persist when nurses are supposedly so revered? Trust is not the same thing as real respect. Although nurses are autonomous, college-educated health professionals who save lives, the profession’s image among those who make key decisions remains trapped in a web of female stereotypes, from the unskilled angel to the physician helper. The media reflects and reinforces these attitudes. Nurse-focused television shows have appeared recently, notably Showtime’s remarkable summer show *Nurse Jackie*, but overall the mass media still strongly reinforce the idea that heroic physicians provide all meaningful care and nurses are their “helpers.”

This disrespect weakens our health system. Decision-makers rightly spend billions on alleviating diseases, but relatively little on the poor nursing infrastructure that allows diseases to spread in the first place. Disrespect leads hospital administrators to replace nurses with less-skilled workers who cannot spot subtle but deadly changes in patient conditions, and who cannot teach or advocate for patients. The overwhelmed nurses who remain may themselves be unable to fulfill these roles, which costs lives and money. And disrespect leads officials to allocate miserly funding for community health nurses, nursing education and research.

We can do better. We should support reform

proposals that increase funding for nursing, promote adequate nurse staffing and recognize the central role of nurse practitioners in the future of health care.

But lasting change actually starts at a level that is deeper than legislation. Reform requires changing how we think about nursing.

Nurses must take the lead, and convey the nature of their work to the public and key decision-makers. But everyone should help.

Health policy makers should publicize their efforts to invest in nursing, and place qualified nurses in visible positions of authority, as Obama has done by appointing a nurse, Mary Wakefield, to head the Health Resources and Services Administration.

Those who create news and entertainment media should try harder to provide a fair picture of nursing. Advertisers should avoid nursing stereotypes, such as the “naughty nurse,” and the common suggestion that health care revolves solely around “doctors.”

Finally, foundations and nonprofits should consider educating the public about nursing through vehicles ranging from interactive nursing museums to a Nobel Prize in Nursing.

Nurses are more than valuable allies in or beneficiaries of the reform effort. Reform can’t work without a stronger nursing profession. And that starts with you and me.

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