



Acknowledge the Paradoxes and Advance the Profession

EXECUTIVE SUMMARY

- ▶ The delivery system in the United States is multifaceted, convoluted, and interrelated; one aspect cannot be changed without looking at its entirety.
- ▶ One of the most important characteristics of a learned profession is the ability to hold opposing ideas as true.
- ▶ As we engage in health reform, nurses will be more effective in shaping a system which actually makes people whole by not holding all ideas as certain and final.
- ▶ Nursing's task is to develop the language for a delivery system that is truly patient centered, longitudinal, relationship based, available 24/7, in person and on-line, delivered by a joyful workforce who employs evidence based care.



Eileen O'Grady

"The truth is rarely pure, and never simple."
— Oscar Wilde 1854-1900

AS WE APPROACH THE threshold of some type of health care reform, we are confronted with an immense degree of complexity in U.S. health care. The delivery system in the United States is multifaceted, convoluted, and interrelated; one aspect cannot be changed without looking at its entirety. It is a living, dynamic arrangement that impacts nearly every aspect of American life and is clearly linked to the health of the larger economy. Never before have we needed nurses who understand that complexity and can articulate how a system can be created that strives to actually make people whole. Most Americans are clear that what we are doing is not working in achieving health outcomes that other countries enjoy. What they may not have is a vision of what an effective health care system in the United States could look like. In the broadest sense, what if we were to create a system that supported people in practicing self-care *before* pathology takes hold of its host, and when it does, the individuals' unique response to the human illness experience would be addressed so that wholeness could be achieved? Or, what if we set out to accelerate spiritual maturity at the end-of-life so that the crucial conversations that

needed to occur could be supported at this most poignant time of life?

Range of Challenges

What has threatened reform efforts in the past is due, in part, to the range of challenges needing reform such as financing, infusion of technology, the pluralism of the health care workforce, developing and applying evidence-based practice, regulating the health insurance enterprise, addressing quality gaps, disparities, on and on it goes. Nurses' knowledge and skill set position us uniquely to serve as highly effective voices in health care reform.

One of the most important characteristics of a learned profession (an organized institution which exists to serve a human good) is the ability to hold opposing ideas as true. As we engage in health reform we will be more effective in shaping a system which actually makes people whole by not holding all ideas as certain and final. We often find ourselves in contradiction to our own ideas — as we attempt, for example, to deliver comprehensive nursing care within a decidedly fragmented system. Advancing the discipline of nursing will require the ability to stay in and acknowledge such paradoxes.

Contradictory Truths

Two excellent examples of contradictory truths about health reform and nurses come to mind. For years, nurse practitioners (NPs) have held and accepted a paradox in Medicare's policy to pay NPs only 85% of the physician rate (for the same service). The NP movement, for the most part, has been ambivalent about the principles of comparable worth versus delivering care at a reduced rate. Another example is the idea that all of health care can be delivered with an evidence base, yet we have no metrics on some of the more compelling aspects of nursing, such as therapeutic presence. This shift towards measuring care processes is critically important to improve quality yet the scientific method implies that how we are in our worlds and how we relate to people is not measurable, therefore not important. The paradox implies that the evidence base should drive the care, yet our way of being with people, especially when they are at their most vulnerable, is often transformative. There is truth in both positions. There is astonishing wisdom in embracing these contradictions and not choosing one position over the other, hovering in the paradox. This is not an invitation to passivity, rather an acceptance of the contradictions and refusal to take on labels that limit and are too small for nursing.

Nursing's task is to develop the language for a

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delivery system that is truly patient centered, longitudinal, relationship based, available 24/7, in person and on-line, delivered by a joyful workforce who employs evidence-based care. These are concepts that do not respect narrow discipline silos. Stale arguments about how nursing services are under-valued or how they fit around the medical model are entirely too small for the conversation that is needed to imagine an ideal health care system and how patients experience it. We cannot belong to a world in which we have no language to reframe our vision. Nurses have an opportunity to help shape a new territory to create a new door in which others can walk into what once seemed unattainable. It is time to elevate the conversation so that it holds our weight and opens eyes long closed. \$