

ANS Open Forum

In this issue's forum, one nurse looks at the growing sophistication of consumers in evaluating health services. She examines how that interest interplays with the prospects for an expanded or independent role for nurses, and identifies potential problems that might inhibit such role development.

Individuals who are interested in participating in future forums are urged to contact the Editor, ANS, 20010 Century Boulevard, Germantown, MD 20767. Please indicate topics or issues to which you would like to respond.

ANS: What are some of the consumer issues surrounding expanding roles for nurses?

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PH: The question implies that consumers know about role changes for nurses and that consumers are interested in these changes. I believe this is true with some

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qualification. The number of consumers who are knowledgeable about modern nursing is comparatively small, but recent developments in health care delivery have helped to make nursing a more visible profession. The League for Nursing includes consumers in its membership, and some nurse associations have consumer advisory boards. A small number of states permit consumers to serve on medical and nurse examiner boards. Hospitals and other institutions are attempting to make the membership of governing boards representative of the community served.

These developments give consumers an opportunity to participate in determining the quality, the supply and the sphere of responsibility of nurses. In addition, PL 93-641—the National Health Planning and Resource Development Act—offers consumers a mechanism to change the way health care is delivered in this country. The law calls for regional health systems agencies (HSAs) to be made up of both providers and consumers of health care, with consumers being in the majority on all boards and formal committees. Health systems agencies have both planning and regulatory responsibilities.

A CRITICAL EYE ON HEALTH CARE

Consumers serving on HSAs are generally more concerned with health outcomes than with the process in which care is delivered. However, consumers are becoming more sophisticated in their evaluations of availability, accessibility, acceptability, quality, comprehensiveness and cost effectiveness of health services. Consumers on HSAs are vocal in their criticism of the lack of coordination of health care services, the uneven distribution of providers, the gaps in services and

the impersonal way health care is sometimes delivered.

The National Health Priorities, identified in Section 1502 of PL 93-641, mirror many consumers' concerns. Priorities stress coordinating and consolidating services as well as improving the quality and comprehensiveness of health care. In addition, National Health Priorities call for the provision of primary care in rural and underserved areas, the prevention of illness and the education of the public regarding personal health and the use of available services.

Reviewing health systems plans and National Health Priorities, one can see that independent, competent nurses are essential to the implementation of plans and priorities. Yet, in many states, nurses are hobbled by restrictive medical and nurse practice acts, which need to be changed. But a system of health care delivery built on a hierarchical arrangement with physicians reigning over all health care is not only labor intensive, inefficient and extremely costly, but also resistant to change from within. Efforts by a "subordinate" profession to improve a hierarchical system are often ineffective because of the necessary posturing and acquiescing to the dominant profession.

Many consumers serving on HSAs recognize the need to enable nurses to function to the full extent of their competencies in order to meet the health needs of each region. Some consumer members of HSAs are calling for more up-to-date licensing laws and for a more efficient use of nurses in the delivery of health care. It may well be that organized consumers will have the clout to bring about meaningful change in health care delivery. The hope for improving the health system lies in nurses and consumers joining forces to enable nurses to perform—independently—the full range of services for which they

are prepared. When the hierarchical arrangement is replaced by a collegue-ship, nurses and physicians can work together to meet the needs of consumers, and consumers can expect accountability directly from nurses.

SOME CAVEATS

The union of consumer and nurse interests is not without caveats, however. Consumers will no doubt sharpen their interest in the way nursing diagnoses and interventions are defined. If nursing is characterized as an add-on service, managing only what the physician neglects, consumers may balk—calling instead for improvement of physicians' skills and a more holistic approach to the practice of medicine. Just paying the bill for a physician's services has become a serious economic problem for many consumers. It is simply too labor intensive and costly for every health problem to be attended by two practitioners. Instead, consumers would be best served by expanded nurses' roles that are definitive in nature, that anticipate and prevent health problems and that manage primary and secondary prevention of illness and accidents and maintain health.

Independent nursing practice brings with it direct reimbursement for nursing services. Consumers will watch carefully to see if nurses follow the same costly pattern as physicians in structuring professional practices: choosing fee-for-service instead of prepayment arrangements, maintaining

target incomes by increasing fees when workloads decrease, aggressively guarding nursing's domain, preventing innovation and competition from other health care providers, artificially increasing demand for nursing services by increasing the supply of nurses, relying on certification and review by peers instead of accountability to consumers, supporting reimbursement procedures with no incentive for economy.

Consumers become more pragmatic as they become more experienced in health planning. They realize that making it possible for nurses to practice independently will not ensure that the public will utilize nursing services. The number of people employed in health care has grown from 4.2 million in 1970 to 6.3 million in 1977 (a 50% increase), yet the rate of patients' visits to physicians remains unchanged.¹ A great deal more research is needed to determine why an individual sees a physician and whether nurses in expanded roles will be seen by consumers as competent practitioners. Health planners will need research findings to answer questions about the acceptability and cost effectiveness of nurses in expanded roles.

Consumers are making it their business to learn more about health care delivery and about the ways that nursing can meet the needs of people. They are doing this because of the importance of health to the quality of life and because of the cost of health care in this country. Consumer evaluation of nursing is in its infancy, but it is destined to grow as nursing's influence on health grows. The future is bright for a productive coalition of nurses and consumers.

Reference

¹National Center for Health Statistics and National Center for Health Service Research, HEW. *Health, United States, 1978*. DHEW Pub. No. (PHS) 78-1232 (Washington, D.C.: HEW 1979).

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