
From the editor

On an airline last week my neighbor across the aisle noticed that I was reading a nursing book. She asked: "Are you a nurse?" "Yes," I said, smiling with anticipation that we might pursue some conversation along the lines of the book I was reading. "Well," she said with an upward tilt of her chin, "I was until last month. I left. We are leaving in droves, you know." She looked at me as if to say "What are you waiting for?"

If ever nursing needed innovation, it is now. We are faced with a nursing shortage that is widely acknowledged to be real. Regardless of how many of us are simply no longer practicing, there are not enough of us remaining in practice. Many who are still practicing are not sure how much longer they will continue to do so. I have heard many articulate nurses no longer practicing, and many still practicing, who speak of issues that are clearly not simply nursing's, yet who continue to address the issues as "the nursing shortage." The real problem, in my view, is an illness of the medical care system. The nursing shortage is a prodromal symptom of this illness.

Just as nurses are generally the first to witness the day-to-day shifts and changes in circumstance that emerge in the places we work, we have been the first group to respond to the fundamental "ills" of the medical care system. Like the nurse I met on the airplane, most of us see ourselves as turning to personal, individual solutions to a situation that has now become intolerable. We seek to find relief for the disappointments and frustrations by leaving the frustrations behind. But treating the prodromal symptom will not heal the illness.

In response to the symptom, some substantial, and even fundamental, innovations are beginning to happen. But the changes, the innovations, the shifts, the revolutions, remain conceived as "solutions" to the "nursing shortage," not as innovations that *must* occur if healing of the fundamental illness of the system is to happen.

I believe the shifts that are needed for the future are yet to be fully conceived. I believe

that nursing will be at the center of the shifts. I believe that nursing already has knowledge, vision and skill to begin to form what is needed for health and healing. Many of us know this at some level, but we are not yet sure how to act or how to begin. Sharon Jeanne Smith, a nurse philosopher, wrote of this dilemma in her recent "Feast of Light" message to her friends:

The paradigm shift that we are now in is huge. I think it's the biggest since the fall of Rome. This means that we are in transition about how we understand reality, our world, and our own human life. It is still up in the air, and, while the new paradigm that we will settle into may or may not be any truer than the one we are leaving, it will at least give us enough perceived stability to proceed to deal with the problems that most threaten our survival on this gracious planet. I believe the shift is too big for our social structures to adapt. I think that the current ones will become more and more conservative to fulfill their role of preserving whatever is lasting through this change. Therefore, I don't get mad or frustrated with them for they are simply doing their social duty. But one also doesn't try to get them to change. It's like trying to hold onto a bunch of loose papers in a hurricane, you simply can't open your arms to accept something new since you risk losing what you want to keep of the old. If one elects to stay in the current systems and knows what is going on then you try to maintain it at the best possible level until the new arises alongside it. . . . It means that the new will probably be small and simple, which allows for experimentation. . . . I have some ideas about ways to go about trying to create the new but it's not clear to me yet how I am or am not to participate in it. So, in the mean time I write to my friends about it.

The articles that appear in this issue of *ANS* provide substantive ideas to help us begin to think about what we can do to move in the right directions. As we conceive of new ways to create the innovations that can arise from the opportunities before us, we will begin to act.

—Peggy L. Chinn, PhD, FAAN
Editor