
From the editor

A WINDOW OF OPPORTUNITY

This issue of *Advances in Nursing Science* (16:4) goes to press as the United States begins serious deliberation of proposed national health care reform plans. Nurse leaders and nursing organizations have been highly visible in the debates, placing consumer needs at the center. Political and social activism is critical to these debates, but underlying and forming the substance of the debates is the nature of nursing scholarship developed in the discipline.

I submit that we have not yet tapped into a deep understanding of the meaning that is being expressed by the public concerning the kinds of health care that are sought for the future. As long as we attempt to construct plans and to form scholarship that simply respond to the surface of what is expressed in cries for reform, we risk falling short of the mark, with a focus on “plans” that essentially address funding issues, and not the essential needs of people.

We can construct plans that give such assurances as universal coverage, choice in providers, and responsible participation in health care decisions. However desirable these assurances might be, if we look beyond the surface, we can detect a more fundamental plea for meaningful care that addresses both the interests and concerns of individuals and of society. The operational themes that emerge in health care reform debates reflect to me more fundamentally that it matters to the public that people in our society are not receiving care, that meaningful relationships are abandoned when life and health are at stake, and that the needs of those who are disenfranchised (eg, children, those who are disabled, those who are poor) are too often ignored.

Health care system changes that represent real change will not depend solely on structural and economic reform, and structural and economic reform alone are sure to disappoint many. Real change will come when people who

enter into the health care system feel and know that they are being treated with dignity and respect, when people feel and know that their needs for care are being framed within their own life and world contexts, and when people feel and know that their health care addresses what really matters to them to the extent that is possible. As idealistic as all of this may seem, I believe that these are the ideals that underlie most of the structural and economic reforms that are sought.

I submit that scholarship in all disciplines has to date contributed to the fundamental problem by virtue of the questions posed, the methods used, and the interpretive stance of the superiority of the scholar to “know.” Specifically, scholarship has tended to focus on questions that are removed from context, to use methods that bypass many fundamental issues of dignity and respect, and to distort what matters to people into something that is conceptualized by the researcher. If scholarship itself is to become part of the solution, then our approaches to scholarship will be increasingly characterized by that which people seek in health care, including meaningful and respectful relationships, responsible participation, and consideration of culture and context.

This and many other past issues of *ANS* have provided models, suggestions, or direction for the type of change that we need in health care and in scholarship related to health care for the future. Health care and scholarship are linked fundamentally by the shared values that inform both and the ways in which the shared values are expressed in what we do and how we do it. It is my hope that as we enter a new age in health care, we will find expression for this common ground, a shared culture, and a shared vision of what is possible for the future.

—Peggy L. Chinn, RN, PhD, FAAN
Editor