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From the Editor

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Editor

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MAKING A DIFFERENCE IN HEALTH CARE

Everyone knows that health care is in a serious crisis, and that nursing is experiencing a worldwide shortage that could prove to be devastating. At the same time, this is a time of great opportunity for nursing and nurses, because nurses may be able to convey our message that nursing care matters, and that well prepared nurses do make a difference in health care. There are many who are attempting to bring solutions to the table that bypass nursing. Many of these proposals are based on a "re-engineering" approach whereby tasks that are done by nurses are identified, and are reassigned to a worker who can be "trained" to do a small subset of tasks.

I am confident that ANS readers see the folly of this kind of approach, and are quite able to articulate why this approach, and others like it that bypass nursing, will ultimately fall short. But there are many nurses, many in other health professions, and many in the public, who are not able to articulate the value of nursing, or to explain what is lost if nurses' tasks are simply delegated to trained workers. I believe that part of our own failure as nurse scholars is our persistent inability to demonstrate to our own nurse colleagues the foundational value of nursing perspectives and nursing models of care. We have the opportunity now, when many nurses are feeling real distress about their inability to practice nursing in ways that they value, to reach out and make a connection with the fundamental understandings that nurses have concerning how they prefer to practice. I believe that it is from these demonstrable understandings of what nursing should be that we will find many links between theory and practice.

In my own recent encounters with nurses who are struggling with the day-to-day realities of providing nursing care, I hear words that ring very true, and clear, and close to the concepts that form nursing's most fundamental philosophies and models. Nurses want the time and the energy to pay attention to a person's needs, to assist the family in coping with illness and loss, to understand the realities of people's experience in order to tailor care to their needs, to address the whole person, and not just the disease. We need to help nurses themselves understand that these are the values upon which nursing theories and models are built, and that nursing models do make a difference in the care we give, as well as in the language we can use to portray that which we contribute to health care, and that

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which cannot be relegated to a substitute trained worker.

This issue of ANS addresses a wide range of approaches to models, and integrates ethical, empirical, technologic, relational, and organizational perspectives. It is my hope that as readers you will find rich resources in this issue from which to articulate for all of our audiences, more about what we bring to health care today.

—Peggy L. Chinn, RN, PhD, FAAN

Editor

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