

CAN THE INSTITUTE OF MEDICINE TRUMP THE DOMINANT LOGIC OF NURSING? LEADING CHANGE IN ADVANCED PRACTICE EDUCATION

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The Institute of Medicine (IOM; 2010) has called for a transformation of the nursing profession to lead the redesign of health care in the United States. It acknowledges the need for profound change in nursing education, particularly advanced practice education, to produce the next generation of leaders in sufficient quantity to expand access, improve quality, and reduce cost. Although the IOM provides welcome validation of nursing's significant role, most of the recommendations are not new and have been advocated by nurse educators for decades. What has prevented us from creating the nimble and responsive educational programs that would ensure a sufficient corpus of advanced practice nurses with the relevant knowledge and skill to transform our ailing health system? Conceptualizing nursing as a complex, adaptive system (J.W. Begun and K. White, 1997), this article explores three examples of the dominant logic, grounded in a historical legacy that has kept the nursing profession from realizing its promise as a potent force: (a) the continuing preference for experience over education, (b) the belief that only nurses can teach nurses, and (c) the hegemony of the research doctorate. (Index words: Institute; Medicine; Trump; Dominant; Logic; Nursing; Leading change; Advanced; Practice; Education; Transformation; Profession; Generation; Leaders; Sufficient; Programs; Ailing health; System; Teach; Hegemony; Research; Doctorate) *J Prof Nurs* 30:104–109, 2014. © 2014 Elsevier Inc. All rights reserved.

IN *THE FUTURE of Nursing: Leading Change, Advancing Health*, the Institute of Medicine (IOM; 2010) calls for a fundamental transformation of the nursing profession to lead the redesign of health care in the United States. Among the five Key Messages in the report was an acknowledgment that the transformation of the U.S.

health care system “will require equally profound changes in the education of nurses.”

Key Message 2: Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression

The *Future of Nursing* report challenges nursing education to reconceptualize the role of nursing to align with transformed health care serve as a platform for lifelong learning and provide opportunities for seamless transition to higher degrees (p.163). It urges nurse educators to prepare graduates for comprehensive care management, quality improvement, and interprofessional

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practice. Although the report calls for all nurses to lead the system change necessary to lead change in the health of our nation, it references advanced practice nursing, in particular, "...to play a central role in transforming the health care system to create a more accessible, high-quality and value driven environment for patients. If the system is to capitalize on this opportunity, however, the constraints of outdated policies, regulations and cultural barriers, including those related to scope of practice, will have to be lifted, most notably for advanced practice registered nurses" (Institute of Medicine, 2011a, Institute of Medicine, 2011b, p. 85).

The Patient Protection and Affordable Care Act (PPACA), passed into law just 6 months before the IOM report, also speaks to the indisputable need for advanced practice registered nurses (APRNs) in primary care, acute care, long-term care, and specialty practice. According to Krupa (2011), the shortage of primary care providers will double by 2015, depriving the American public of access. It will be necessary to *double* the supply of APRNs by 2025 to assure access to high-quality, cost-effective care for an aging population and for persons with chronic illness. Although meeting this need is a formidable test of the capacity of nursing education, the American Association of Colleges of Nursing (AACN, 2011) reports significant strides. From 2006 to 2010, doctor of nursing practice (DNP) programs have increased by 665% with enrollment growing by 35%. In the same period, programs offering a PhD in nursing science have increased by 20%, with enrollments increasing by 10%. These statistics indicate enormous promise for meeting the AACN strategic goal of an all doctoral professoriate and preparing the practice leaders who, in concert with nursing scientists, will fulfill the ambitions put forward in the *Future of Nursing*.

There is every reason for nursing education to celebrate the IOM's endorsement of nursing as the centerpiece of health care reform. Just the confirmation of such an esteemed and highly influential organization is a weighty impetus for nursing educators to advance the important goals set forth in its report. At the same time, the education imperatives outlined in the *Future of Nursing* are not new. In addition, although we relish the IOM validation of what nursing leaders and scholars have advocated for decades, it begs the question of why, given the volume and penetration of nurses in health care, we have not had a greater role in leading change. What has prevented us from creating the nimble and responsive educational programs that would ensure a sufficient corpus of advanced practice nurses with the apposite knowledge and skill to transform our nation's ailing health system?

Nursing as a Complex, Adaptive System

In 1999, Begun and White (1999) conceptualized nursing as a *complex, adaptive system* "of practitioners, professional organizations and educational institutions that interact with each other and are united by their common pursuit of goals of the profession" (p. 189). They argue

cohesively that nursing, as a system, is girded by a *dominant logic* that reinforces the values and internal structure of the profession and serves as an inhibitor to change. A system's dominant logic is a screen, grounded in historical antecedents that filter all information received by the system. The filtered data then are incorporated into the strategy, structures, values, expectations, and reinforced behaviors of the system—in this case, the nursing profession (p. 193).

According to Begun and White, nursing's dominant logic is deeply entrenched and highly compelling. Examples include professionalism as an ideology, a strong emphasis on "caring" as an exclusive nursing value, and a prevailing belief that it is an oppressed group (p. 193–194). What Begun and White describe as dominant logic is not unlike what anthropologists and organizational psychologists would describe as "culture." It is a set of assumptions that are seldom challenged because they are so embedded in the collective ethos that they remain below the level of consciousness, and yet, real change can occur only when we first acknowledge, and then abandon, the very notions that have guided our thoughts and behaviors and social organizations—that is, "unlearn" the dominant logic. Begun and White make the case that this imperceptible, yet all-encompassing screen through which all stimuli are filtered, is highly useful in very stable environments *but must be adapted* to accommodate new environments so that the organization can survive. Although it is true that nursing is influenced by many political and economic factors over which it has little control, consideration must be given to its dominant logic as a source of structural inertia.

Leading change in a complex system such as the nursing profession requires new structures, processes, and organizations that challenge our dominant logic. The more strongly embedded the dominant logic, the more difficult it is to achieve needed changes in the system. The *Future of Nursing* report compels us, as nursing educators, to examine the sacred cows that have held us in place. In the IOM and PPACA, confirmation of nursing's centrality to health care reform lies our obligation to challenge traditional notions, put them all on the table, and scrutinize not only *what* we teach but also *how* we teach, *where* we teach, *when* we teach, *who* we teach, and, ultimately, *who* teaches. Although there are many dimensions of our dominant logic that have prevented us from true transformation, we cite three highly linked examples to illustrate how nursing's dominant logic potentially compromises the capacity of advanced practice nursing education to lead change.

Dominant Logic Example I: The Veneration of Experience

The *Future of Nursing* report has called for a stunning increase in the number and proportion of advanced practice nurses, challenging educators to promote a "seamless progression" from prelicensure to advanced practice programs of study. This challenge addresses a career paradigm in nursing in which bachelor's degree

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