



Evolving the Role of Nursing in the 21st Century: Leading the Team

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Abstract

Florence Nightingale invented the intensive care concept during wartime, in 1854, thus reducing the death rate for injured and sickened soldiers by more than one order of magnitude. The uniqueness of her discovery resided in four formidable pillars of successful healthcare: organization, prioritization, teamwork and consistency. Now-a-days, nurses constitute the dominant sector of all health professions, yet continue to struggle with issues like barebones staffing ratios, mandatory overtime, and safety on the job. Could the solution be that nurses take control of population health worldwide? Well, in China as an example, the Government will need to fundamentally reorganize its approach to population health management to fulfill its goal of a “Healthy China” by 2030. Not unique to China though, such healthcare overhaul will require the development of Health Systems that are community anchored, from primary and home care to tertiary hospitals, the creation of multidisciplinary care teams capable of assuming lives from cradle to grave, and a country wide, real time, comprehensive, integrated, portable, transparent data management system. A key question in this context is, who should lead and manage population health with such scale. With this paper, we argue that nurses, and preferably nurses with advanced degrees, should be selected to manage population health, and do so across the world.

Commentary

Florence Nightingale invented the intensive care concept during wartime, in 1854, thus reducing the death rate for injured and sickened soldiers by more than one order of magnitude. The uniqueness of her discovery resided in four formidable pillars of successful healthcare: organization, prioritization, teamwork and consistency. It was probably the most revolutionary change for the practice of what we since call “modern medicine”. Today, nurses constitute the dominant sector of all health professions, with more than 3 million registered nurses in the United States. In his Foreword to the Institute of Medicine report, chaired by Donna Shalala et al. [1], “The Future of Nursing”, Harvey Fineberg wrote: “A blueprint for how the nursing profession can transform itself into an ever more potent and relevant force for lasting solutions to enhance the quality and value of U.S. healthcare in ways that will meet the future health needs of diverse populations”. The emphasis switch from dealing with health *crises* to the managing of *population health* is a huge opportunity for the nursing sector to the lead of healthcare. Indeed, optimization of *population health management* will require the four pillars of the Nightingale’s concept: organization, prioritization teamwork and consistency.

In chapter 5 of the “Future of Nursing” report, on *Transforming Leadership*, the authors wrote: “Strong leadership is critical if the vision of a transformed healthcare system is to be realized. Yet not all nurses begin their career with thoughts of becoming a leader. The nursing profession must produce leaders throughout the health care system, from the bedside to the boardroom, who can serve as full partners with other health professionals and be accountable for their own contributions to delivering high-quality care while working collaboratively with leaders from other health professions”. Teamwork and shared leadership will serve as key ingredients for the transformation of healthcare in the U.S., with the formation of teams that not only comprise nurses and physicians, but also other key disciplines that have not always been well integrated in the care team of the past. Through the globalization of healthcare, we can learn from “reality” life experiments in healthcare conducted in other countries, a full spectrum indeed of good, and not-so-good, experiments.

For example, in August of 2016, Li Keqiang announced the pursuit of a “Healthy China 2030”, meaning substantial improvement in population health in China by the year 2030. China has achieved

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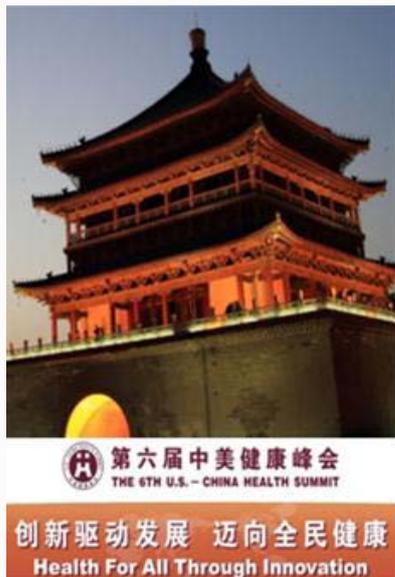


Figure 1: Picture of the Bell and Drum Tower where the authors have attended, and presented at, the 6th US-China Health Summit in Xi'an, China, September 2nd - 4th, 2016. Some ideas and concepts developed in this paper were reviewed and discussed at the meeting.

much in terms of population health, and especially of child health, reducing death of children less than five years old, by 70% during the past 20 years [2]. Public Health efforts, including clean water, sanitation and hygiene, as well as intensive vaccination campaigns and an emphasis on reproductive health, are primarily responsible for such success. However, a "Healthy China" will require additional measures to reach the goal of 2030, especially for the prevention and management of chronic illnesses. Smoking must be radically reduced with anti-tobacco campaigns and other effective prevention measures. Air pollution of large cities is becoming a dominant noxious factor for health, a problem that will require formidable transformation of the automobile and other industries to eliminate production of carbon dioxide and other pollutants in populated, and depleted of forest, area. Chronic conditions, including cardiovascular disease leading to myocardial infarctions and stroke, chronic lung diseases and cancers, will need to be systematically addressed, through health campaigns and organization of *population health management* systems.

At the core of the delivery of care in China are traditional hospitals (funded), where patients are referred when they experience a health challenge, and primary care clinics (underfunded in the post chairman Mao era). Today, there are very few true "comprehensive health systems" in place across China, systems that integrate care extending from home to tertiary hospitals. A Healthy China by 2030 will require the substantial evolution of care delivery, with greater distribution and integration of home, primary, secondary and tertiary care. Such care will be delivered by Multidisciplinary Teams of Health Professionals (MTHP), including general practitioners and family physicians (Traditional Chinese Medicine and else), public health workers, physical therapists, dentists, nurses, nurse practitioners (advanced degrees), physician assistants, pharmacists, psychologists, mindfulness, sports-trainers and social workers. And this is not the full complement of disciplines that is required for the implementation of the best health systems; disciplines like programmers, educators, lawyers, architects, builders, urbanists and engineers [3], to name just a few, will need to be integrated within the care team. Such systems

will require the regional establishment of well-structured secondary, tertiary and quaternary care centers for the delivery of specialty care and complex procedures. They will also require country wide, real time, comprehensive, integrated, portable, transparent *data management system*.

One crisis that China is facing is the loss of trust for doctors and physicians. Didi Kirsten Tatlow et al. [4] wrote in 2015 article in the New York Times: "what they (the patients) say about their country's oversubscribed, underfunded, often corrupt, health system: bribery is common, trust is gone, indeed, China's medical system is a market of distrust". Cheris Shun-Ching Chan, a sociologist at the University of Hong Kong, observed that "emphasis is on profits, a culture of gift giving and a lack of professional ethics that have produced a difficult atmosphere; treatments are shaped by commercial rather than medical concerns; the conflict really is between patients and doctors; to overcome the inefficiencies of the system and ensure that a physician treats a patient well, patients or their families give 'hongbao' or red envelopes — bribes" [4].

David Blumenthal and William Hsiao [5] wrote: "One of the most interesting lessons from the Chinese experience concerns the value of an institution that many countries take for granted: medical professionalism. Chinese physicians had little history or tradition of professionalism or independent professional societies to draw on. Hence, China continues to struggle with creating a high-quality, trusted, professionalized physician workforce". Other disturbing evidence that a lack of professional ethics in the Chinese medical field is rampant, came from the recent report of the Chinese State Food and Drug Administration, showing that 80% of the data in clinical trials of new pharmaceutical drugs had been fabricated to match what companies were hoping to show with the trials [6]. While physician-scientists were not the only culprits for altering such data since, according to the report, fraud happened at all levels of the research, they do play a critical role in clinical research.

A high-quality, trusted, professionalized physician workforce will take generations and substantial investments and efforts to build and at very high cost (it takes four years of Baccalaureate and five years of Masters degrees to become a physician in China, and this is without a Doctoral degree, which takes another four years at least, before the post-graduate training years). An alternative solution that is likely more cost-effective could involve the elaboration of comprehensive integrated health systems anchored within individual communities, and that involve a Multidisciplinary Team of Health Professional (MTHP). Such teams would have the ability to address most needed care from cradle to grave. A key question is who should be the team leader for large scale population health management of the population of China? Considering the challenging lack of trust in physicians that plagues China, it is tempting to consider an alternative leadership solution.

Nursing in China has a complex history, as described by Dereck Smith and SA Tang [7], including a period of the Cultural Revolution during which nursing schools were closed. The nursing profession has now been rescued. A significant fraction of the nursing workforce has a Bachelors degree in nursing. Some nurses go on to obtain a Masters degree in nursing, and the two degrees combined take 7 years instead of 9 years for physicians. *Nurses with Mastersdegree could become the team leaders for twenty first century medicine*. Such policy would be in line with the Institute of Medicine, IOM, now NAM (National Academy of Medicine) report on "The

Future of Nursing” [1]. The report’s recommendations start with “the removal of barriers that prevent nurses from practicing to the full extent of their training and abilities, as evidence shows that nurses are as capable as physicians when it comes to providing primary care”. Hence, nurses with and without advanced degrees could manage population health for most Chinese people. A similar proposition was introduced by our group for the management of patients admitted to hospitals [8]. Reputation for nurses is mostly intact in China. Nurses are usually overworked and often burned out, taking on more responsibilities could be a challenge, although at the same time a boost for self-esteem, which is reportedly low.

Achieving a Healthy China by 2030 is a grand vision, which will require a major overhaul for the country’s healthcare structure and culture. Yet, past accomplishments by China in population health management are good augury for the future of healthcare in this country. Evolving Health Systems to become strongly community anchored, regionally distributed, centered on primary care, focused on population health and the prevention and management of illnesses are a must. Population Health that is driven cost-effectively by teamwork managed by nurses (preferably with advanced degrees), in strong partnership with physicians, will be of great benefit to the People of China. In such context, physicians will continue to provide advanced diagnostic and procedural expertise for secondary, tertiary and quaternary levels of care. Nurses, physicians and every member of the multidisciplinary team, will foster an outstanding admixture of traditional Chinese and Occidental medicine. This approach, enabled by a nationwide medical information system and a commensurate national insurance, might become a model for many countries around the world that are in the process of elevating and improving their own healthcare systems, and that includes the United States [7,8] (Figure 1).

The evolution of the role of nursing in the U.S. and the world, for the 21st century, will be about leading the team, organizing, prioritizing, and promoting teamwork and consistency. Nurses will provide the connective tissue that glues the team of care providers and other disciplines together. This includes leading the distribution of resources, such that issues of bare-bone staffing ratios, mandatory overtime, and safety on the job can be put to rest one and for all.

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