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Future Scenarios for the Profession of Nursing

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Traditionally, nursing has been ingrained in the limited demands of the present and has adopted the habit of focusing on 'me and my group,' the 'here and now.' In general, nursing tends to think reductionist (nursing) rather than as holistic (health care).

According to Wolf (2003), the transformation facing health care today is unlike any we have seen previously. In addition, there are major changes confronting nursing that will result in unique challenges for practitioners, leaders and educators. Nursing, as a profession, is at a critical juncture that requires us to analyze this transformation, recognize the opportunities and take appropriate action. The choices we make today will determine if and what the role (destiny) of nursing will be in the health care arena of the future.

According to Slaughter (1995), "The path to human destiny is not only found in science, machines and rationality but more importantly requires foresight and the pursuit of wisdom." For example, foresight and the pursuit of wisdom require us to ask three questions: Where have we come from? Where are we going? How can we get there? In addition, foresight helps us to prepare for the inevitable, pre-empt the undesirable and control the controllable.

Foresight is a deliberate process of expanding awareness and understanding, future scanning, and the clarification of emerging situations. It is a process that forces us to keep an eye on the trends and evaluate the past and the present as they relate to trends and to evolving cultural and environmental changes. For example, scanning the environment in which our actions will take place and how these actions will fit with or work against prevailing and impending forces, trends, attitudes, and influences will ensure no matter what future takes place, nursing will be much more likely to be ready for it and/or influential in it (Schwartz, 1991). As well, Slaughter (1995) suggests the future is in our hands and it is time to go forward with it.

MANY FUTURES, MANY WORLDS

The foresight process begins by deciding exactly what the nursing profession should evolve into and then putting in place the means to achieve it. In addition, there are many futures: plausible, probable and preferable. The study of futures examines the past (history & achievements), the present

(perceptions, understanding & focus) and the future (hopes, plans, intentions and goals) to identify alternative futures versus predicting the future (Gary, 2003). For example, looking back over a two hundred year history will give us insight in the continuum of yesterday, today and tomorrow (Gary 2003). Starting with the work of Florence Nightingale and building 25 years into the future will create a scenario that reflects not what nursing will look like 25 years from now but rather what health care will look like in 25 years and where nursing fits in this future scenario.

According to Schwartz (1991), scenarios are a tool for helping us to take a long view in a world of great uncertainty. The name comes from the theatrical term “scenario” – the script for a film or play. Scenarios are stories about the way the world might turn out tomorrow, stories that can help us recognize and adapt to changing aspects of our present environment. Scenarios are built around vision and transformation.

Ringland (1997) suggests using more than two scenarios to create a shared public vision. As well, Bezold (1999) identified in the work of Dator, Harman, Henderson, Toffler and Schwartz the use of four (4) ‘archetype’ scenarios: the official future or the best guess extrapolation of current trends, the hard times scenario developed to alert users of the particular scenarios of the range of things that could go wrong, and two scenarios that are typically structurally different.

In addition, Bell (2003) suggests no matter how a scenario is constructed, how full and rich or meager and lean, how factual and fictional, how particularistic or universalistic, the scenario gives methodological unity to futures studies. It is used by all futurists in some form or another and is, thus, by far the most widely shared methodological tool of the futures field. The end product of all methods of futures research is basically the same: a scenario, a story about the future, usually including a story of the past and the present.

The role of nursing leaders/educators in creating the future is a four (4) step continuous loop/process: each step is ongoing simultaneously expanding and contracting in scope as needed.

The four (4) steps are:

- 1) Monitor and analyze trends,
- 2) Open discussion on the trends; identify all possible, probable and preferable futures,
- 3) Develop a strategic pathway for the futures, remember futuring is not about predicting the future but about not being surprised,
- 4) Head to the future; implement the strategic plan.

The next section of the paper demonstrates scenario development using steps 1 and 2.

FIRST TWO STEPS – THE TRENDS

Step 1: Monitor and analyze trends

A Delphi Analysis was conducted by Steel (2000) of community leaders, experts in their fields, to identify trends for analysis and discussion. The Delphi method was invented by RAND researchers in 1953 specifically to assess the future. The Delphi method is a version of survey analysis that involves repetitive questioning of respondents, sometimes referred to as the panel method (Bell, 2003).

The health care trends identified in the Delphi analysis were used to do environmental scanning (looking at the frequency of appearance of qualifying words / what the industry leaders are saying in books and journals that publish current topics).

Step 2: Open discussion on the trends; identifying all possible, probable and preferable futures.

The trends related to health care and the results of the environmental scanning were presented to three focus groups for discussion. The three groups were divided into nursing students, nursing educators/leaders and nursing practitioners, with each group consisting of eight (8) participants and meeting for 1.5 hours.

The following five major transformative trends were identified and discussed:

- a) **Patients:** Aging baby boomers will result in a substantial number of people of sixty-five (65) years of age by 2020. In 2020, these consumers will increase the demand on the health care system and expect more in terms of quality and service. They will be extremely knowledgeable about health and wellness, perhaps more knowledgeable than their health care providers (due to access to the internet). As well, they will expect and demand to be partners in all their health care decisions.
- b) **Providers:** There will be an increased demand for and shortage of Registered Nurses in 2020. At the same time, there will be an oversupply of physicians, especially hospitalists (inpatient physicians) decreasing the need/demand for nurse practitioners. History has shown that patients will always be cared for; if there aren't enough nurses, substitutes will be found. Today, nurses are dissatisfied with working conditions, and more are planning to leave the profession. The level of dissatisfaction will increase in 2020. The aging baby boomer nurses will reach retirement age, increasing the exodus from the profession.
- c) **Economics:** Hospitals are experiencing negative profit margins and are struggling to stay open. In the US, the cost of procedures, health care and drugs are the highest in the world. In 2020, hospitals will continue to struggle to meet budgets, and health care costs will remain the highest in the world.
- d) **Medical Technology:** There are profound changes on the horizon (2020): drugs that target a particular receptor, increased minimally invasive surgery and imaging, genetic mapping and availability of vaccines, artificial blood products, and transplantation.
- e) **Information Technology:** In 2020, advances in electronic records will eliminate duplication and provide immediate information, enabling extensive data mining related to patient and provider outcomes.

THE SCENARIOS

The following four (4) scenarios are built from the trends identified from the Delphi Analysis, the environmental scanning, and the focus group discussions. There are two assumptions built into each scenario: health care needs will be greater in the future due to the aging population and medical and information technologies will increase longevity and the accessibility of patient data.

Scenario 1: Nursing, as a profession, no longer exists. The deficit created by the nursing shortage will be filled in by increased number of hospitalists and other substitute care providers. Third party payers will decide who provides care and who receives care. Health care consumers will have no choices or options.

Scenario 2: Nursing grows into an independent discipline resulting in an increased number of men and women entering the profession. Entry into practice is established with a professional four (4) year (Baccalaureate) degree with all nurses recognized as practitioners. As independent practitioners, nurses

will open private practices (giving patients the option to choose between an MD or RN to provide care) and have hospital admitting privileges. Nurse's fees will be less costly than physician fees. This, coupled with nursing practice's focus on health maintenance and disease prevention, will drive down the cost of health care.

Scenario 3: There continues to be a demand for and shortage of nurses in the health care arena. Efforts to eliminate the nursing shortage will result in lower standards of practice and relaxed educational processes. The result is a decrease in the quality of care and patient satisfaction and an increase in mortality and health care costs.

Scenario 4: There continues to be a demand for and shortage of nurses in the health care arena. Pockets of innovative educational processes exist. These include distant learning, Problem-Based curricula, and on-line options. Varied entry into practice has been established as the professional registered nurse (4 year degree) and the technical registered nurse (2 year degree). Advanced practice nursing (practitioner, midwife, and anesthetist) no longer exists; they have been replaced by physicians and physician extenders.

NEXT STEPS

Step 3: Develop a strategic pathway for the future, remember futuring is not about the predicting the future but about not being surprised.

The point is not to pick one preferred future and hope it comes to pass but to be prepared for and not be surprised by the future. The function of scenarios is (in some cases) to create a better future, be ready for the future and to identify how to be influential in the future (Schwartz, 1991).

Step 4: Head to the future; implement the strategic plan.

According to Bishop (2000), the future is in our hands and it's time to go forward with it. We need to identify the preferable future of nursing and work within our spheres of influence to move towards it.

SUMMARY

The current state of health care has generated many ad hoc groups, design teams, and discussions focused around the immediate/short term solution to the identified issues. In addition, change is occurring at many levels: personal, community, corporate, national, and in ecological and global restructuring processes. Creating scenarios of the future will determine if the present needs to change; scenario building will keep the discussion and the focus on the future.

The proposed scenarios should start a discussion about the impact of our actions on the future; the prevailing trends, attitudes and influences and the impact of the environment in which our actions will fit. As well, the presented scenarios prepare us to make decisions about where to invest or pull back, where to engage or disengage and which projects to begin and which to close down.

Slaughter (1995) warns that times change, the wheel is turning and we would do well not to assume that time is on our side. Most nurses would probably be very surprised at the amount of leverage, steering capacity, autonomy and decision-making power that resides in their hands.

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POINTS FOR THE CLASSROOM (send comments to forum@futuretakes.org):

- *To what extent to the transformative trends and the scenarios characterize other parts of the world, or are they applicable only to the United States?*
- *Another point – in one scenario, patients will have options to choose between a physician and a registered nurse. If this scenario comes to pass, how will healthcare costs be impacted?*
- *What other options might patients have, especially considering the interest in alternative and complementary medicine?*
- *What other healthcare practitioners will be prevalent several years from now, and to what extent will they be knowledge workers, especially in this era of the educated consumer?*

Share your thoughts with our other readers worldwide!