

GUEST EDITORIAL - Barbara Vaughan, MSc, RGN, DANS, RNT.

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INTO THE TWENTY-FIRST CENTURY - WHAT FUTURE FOR NURSING?

The last decade brought with it a huge explosion in knowledge and understanding of the sciences related to health care. Such an increase gives us the opportunity to tackle disease, restore health and maintain life in ways which had not previously been thought possible. However, as is so often the case, the gain has brought with it new and complex challenges for both recipients and professionals working in health care. Moral dilemmas are faced about the right to die as well as the right to live; what could be achieved through genetic engineering is both positive (combating genetic disorders) and terrifying (a brave new world of cloned beings); costs outweigh resources as both overt and covert rationing enter health care; and, new patterns of disease and infection are challenging and defying traditional solutions.

Within this context it must be argued that the structure in which health care is offered and the roles which the different occupational groups play must be adjusted to meet current need. The dominance of a medical model of health, centrally based in a hospital setting with diagnosis and treatment of disease at its core, can no longer hold true in times when the moral and social consequences of health related problems require equal attention. Furthermore, the reductionist manner in which both services and roles have evolved must be addressed if seamless person centred care is to be achieved.

There is no doubt that there has already been a silent revolution to address these issues which is slowly coming into the public arena and gaining recognition. In a recent study of the emergence of new roles to meet changing demands in health care, three patterns of development were seen for both nurses and professions applied to medicine (Read et al 1999). These were *complementary* roles where occupants adapted part of their function and developed new skills according to patient or service need; *substitution* roles where part of another's role was taken on, usually that of a junior doctor, often at the cost of the original identity of the occupant; and, *niche roles* which were developed to fill a perceived gap in service provision (Scholes and Vaughan 2002).

While there is room for all these approaches to role development, and none should be decried, it is maybe the complementary roles which are offering the greatest opportunity for both nurses and others working in health

care. Ways are being found to shift the boundaries between both disciplines and agencies to prevent duplication of effort and thus make better use of limited resources. More importantly, services which are sensitive to patient's needs rather than divided by occupational domains are starting to emerge. Illustrations can be found with the emergence of intermediate care services to reduce the need for hospital admission or facilitate recovery or recuperation from a home base (DoH 2001). These services abound with examples where teams have overcome the defensive barriers of their occupational roles to share learning and development and working in a truly interdisciplinary way rather than the more customary multidisciplinary approach (Vaughan and Lathlean 1999). It must, however, be stressed that as new ways are found of working together and offering more flexible services it is critical that time and effort are put into development and change is managed in a skilled and open fashion. From the role based work outlined above there is evidence that this is not always the case and care must be taken, most importantly, to ensure patient safety, but also with issues such as equity of access, professional accountability, lines of responsibility and authority, role descriptions and opportunities for research and evaluation (Levenson and Vaughan 1999).

The times which lie ahead for nurses and nursing are both exciting and challenging. While some will present with all the traditional factors which resist change, defend boundaries and hold on to old order ways, for those who are brave enough to dismantle old barriers and seek new relationships with both patients and professional colleagues from other occupational groups the future could be truly good.

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