Managed care: How it's affecting health care
By Swain Sontag

More than 140 million Americans receive their care from health maintenance organizations (HMOs), preferred provider organizations (PPOs), and similar plans. These plans link patients, physicians, and the patient's employer as a single, coordinated system. They build formal contractual relationships with those who deliver pay-for-service health care, including physicians, hospital and other health care providers, purchasers of care, and enrollees of health plans.

"Managed care presents challenges and concerns to nurses, but it also presents nurses with multiple opportunities to redefine their clinical practices, develop strategic partnerships, and negotiate and collaborate with other health professionals." - Swain Sontag

Managed care practices have been rampant in recent years. Few managed care organizations have articulated in detail how they provide quality, cost-effective care. Nurses are legitimately concerned about ensuring patient confidentiality and the downsizing of traditional professional nursing roles.

However, evidence suggests that the quality of care provided to HMO enrollees is better than that provided to fee-for-service patients. Managed care systems present challenges and concerns to nurses, but they also present opportunities to redefine their clinical responsibilities, provide care, and ensure patient safety.

Delivering culturally competent care
By Maryann T. Bazeley

The young mother sat at the side of my desk, her 4-week-old baby nestled snugly in the crook of her arm. The mother had emigrated from South Africa only two weeks before, and one of her first concerns after arriving in the inner-city community of her new country was to obtain health care for her son.

My first impression of the infant was that he appeared clean, well-dressed and well-nourished. When I complimented the mother on the healthy appearance of her baby, she beamed. Clearly she was a mother who loved her baby and wanted to do her best in caring for him properly.

On a trip to the corner of the clinic exam room that we were in a video camera, with the camera on and the infant. "This is going on a report," I explained to the mom that I was a nurse who was studying for an advanced degree in the nursing care of babies and children and asked if she would mind if we videotaped her baby's examination. She had no objection and readily agreed. What I didn't mention was that the camera was actually recording my level of competency in performing a history and physical. For when this mom entered the clinic with her baby on that day, I was "next up" - it was my turn to take the practical final exam for the second semester course in the Pediatric Nurse Practitioner program, and she and her baby were to be my clients as the camera recorded the event.

I was prepared as I thought I needed to be, and my calm appearance belied the anxiety that stirred within me as I tried to recall all the pertinent knowledge that I had stored away concerning physical norms, nutrition, anticipatory guidance, immunization schedules and developmental levels. As I recorded various demographic data obtained during the history-taking, I began to feel a good level of rapport with the mom. "This is going OK," I thought, as I eased into the nutritional history of the infant. "What do you feed your baby?" I asked. "Whatever I am eating," she answered, appearing surprised at the question. "I just coach it up good with a fork and put it in his mouth." Uh-oh, I wasn't prepared for that. A 4-week-old baby eating table food? The concept flow in the face of anything that the American Academy of Pediatrics (AAP) had to say about infant nutrition.. . . What now?

This incident was my introduction to the delivery of culturally competent care. I
Forensic nursing: How administrators merge nursing practice and the law

By Pita Cortes

Nursing has provided many challenges to those who focus on providing the highest level of care. One component of specialty of forensic nursing is no exception. Found in correctional facilities, courts and clinical settings, forensic nurses specialize in nursing practice and the law. Often forensic nurses work with domestic violence and rape victims and testify in court.

A SANE Program for Victims

Although nurses have been working with victims and the law for more than 20 years, the American Nurses Association (ANA) recognized forensic nursing as a specialty only as recently as 1995. Currently, the largest sub-specialty of forensic nursing is Sexual Assault Nurse Examiners (SANEs). SANEs are trained in forensic evidence collection techniques, which include the identification of trauma utilizing a colposcope, alternative light sources, photography and other sophisticated documentation methods. As nurses, SANEs are in a unique position to skillfully perform the forensic examination, as well as provide support to the victim with the emotional support needed to ease the victim during the healing process. The potential for further trauma is decreased with the SANEs technical skill and ability to interact empathetically with victims. Having a qualified SANE on staff allows evidence to be collected in a sensitive, effective and technologically advanced method.

The goals of SANE intervention are uniform across the country. Key aspects of the forensic examination include: assessment of trauma; objective documentation of health history, victim’s statement and history of the crime; assessment of biological, psychological and social risk of medical sequelae; collection and preservation of forensic data; and facilitation of victim control over assault issues.

As patient advocates, SANEs fulfill an ethical obligation to ensure that the victim has the opportunity to make an informed decision about treatment choices. This ensures that basic human rights to dignity and privacy are protected.

Specializing in nursing practice and the law, forensic nurse administrators face both opportunities and challenges.

Expanding SANE Programs

In an effort to improve response to victims of sexual assault, many communities across the country have begun to put SANE programs into practice. For the administrator, the implementation of a SANE program poses many opportunities and challenges. The first step is to support an affiliation agreement between the SANE program and the participating hospital(s). This agreement sets forth the expectations and responsibilities for each party and forms the framework for the provision of multidisciplinary services. In New Jersey, the Standards for Providing Services to Survivors of Sexual Assault are dictated by the attorney general. They establish best practice guidelines for communities wishing to advance the response to sexual assault victims. For example, standards suggest that each facility has a designated private examination room.

New Harris poll is sobering wake-up call for profession

By Nancy Dickenson-Hazard

A just-released national poll by Harris Interactive presents a sobering wake-up call for nurses everywhere. Despite our profession’s far-reaching health care knowledge, the poll shows that most consumers seldom look to nurses for advice on such important issues as elder care, women’s health or childbirth. Instead, most of these polled rely on nurses for basic health care advice that’s consistent with traditional nursing roles.

The national poll, sponsored by Nursing Spectrum and the Honor Society of Nursing, Sigma Theta Tau International, was based on telephone interviews with more than 1,000 adults aged 18 or over. While the poll results show that nurses have carved out a respectable niche in providing health care advice to the public — particularly through the traditional venues of office, school and hospital nursing – we clearly need to do a better job of reaching out to consumers and helping them with a wider range of health care problems and concerns.

The Traditional Nurse

Out of 30 potential areas of nursing involvement cited in the poll, it is stunning to note that nurses’ advice was sought only in the four areas consistent with traditional nursing roles. According to the poll, the public is comfortable asking nurses about over-the-counter health care products, how to take care of themselves or loved ones after surgery, how to take prescription medicines and what types of side effects to expect, and how to interpret information provided by a physician. For example, more than half (55 percent) of the respondents said they had queried a nurse about post-operative care. Also, more than half (53 percent) of the respondents had asked a nurse for advice about over-the-counter health care products that provide relief for pain, fever or allergies. Respondents were also questioned about how often a nurse has helped them understand something a medical doctor has told them, including information about treatment options or a diagnosis. The majority (52 percent) responded “very often” and “sometimes.”

A similar percentage of respondents said they had asked a nurse about how to take a particular drug (50 percent) and side effects of prescribed drugs (50 percent).

Troublesome Findings

Although nurses are capable of providing a wealth of health care information, most of those surveyed said they did not seek expert nursing advice on care for the elderly, children’s health issues, women’s health issues, alternative therapies and certain aspects of medications.

The public also does not turn to nurses for advice on other important health-related issues including sexually transmitted diseases, sex education, abortion, and drug and alcohol use. For instance, 59 percent of the women surveyed had not asked a nurse about birth control, 77 percent of women had not sought a nurse’s advice about menopause and 81 percent of women had not consulted a nurse about osteoporosis.

Implications

This poll clearly shows that nursing must find a way to make the public aware of the extensive health care knowledge nurses possess.

This is one of the issues being addressed by the Honor Society of Nursing and other professional organizations through aggressive media relations designed to get news and entertainment programs to more accurately portray nurses. It’s also a focus of Nurses for a Healthier Tomorrow, a coalition of 19 leading nursing and health care organizations that is launching a national advertising campaign to raise awareness of — and change the image of — the nursing profession in order to recruit and retain more nurses. (For more information on Nurses for a Healthier Tomorrow, visit www.nurseresource.org.)

These findings should be a major concern for nurses everywhere who’ve worked hard to expand the role of our profession, increase our versatility and enhance our value in an increasingly complex health care system. It’s time for nurses to have their voices heard and be counted among health care advisors consulted by the public.

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Culturally Competent Care refers to the use of culturally-based knowledge that is used in sensitive, creative and meaningful ways to fit with the general life of individuals and groups and that leads to beneficial and satisfying health and well-being, or assists an individual to face difficult situations, disabilities, or death. (Leininger, 1970)

Our clients are born, live, work and die within a cultural context, and their views of the world and of their health care needs are shaped by that culture. One's culture, and factors that may impact on one's culture, can include country of origin, present community, religion, family relationships, socialization, education, occupation, politics and economics. A specific culture's concepts can be viewed as a continuum, and an individual's beliefs, behaviors and actions fall somewhere on that continuum.

An individual's culture can influence and affect their health in many ways: his seeking of care or lack of self-care, his perception of pain, his level of compliance to a regime, his reactions to drugs, and his responses to treatment.

The ever-increasing globalization of health care mandates that nurses become well-versed in transcultural care. Nurses today are providing care to a wide-ranging diversity of people. Not only immigrants who settle in our communities, but travelers, international employees, refugees and individuals who come to our country seeking specific treatments. And although we cannot be knowledgeable about each and every culture and its unique health care customs and practices, we can certainly continue to provide quality and respectful care that is individualized and congruent with the individual's beliefs, values and practices.

Madeleine Leininger, RN, PhD, FAAN, considered to be the founder and leader of transcultural nursing, has been researching and writing about the field for the past 50 years. The following concepts have been adapted from her work "Transcultural Nursing: Concepts, Theories, Research and Practice" 2nd Ed, New York: McGraw Hill.

• Maintain a genuine interest in the client (or family) by having an open learning attitude towards clients – "share their story," listens to their concerns, needs and cultural lifeways.

• Be aware of your own culture biases and prejudices regarding other personal groups.

• Enhance your knowledge base of cultural parameters through transcultural nursing courses and readings.

• Learn key words and phrases in a variety of languages that will enable you to communicate appropriately within your nursing scope with clients from diverse cultures.

• Ask the client what his needs, then LISTEN and ATTEND to both verbal and non-verbal messages.

• Use a theoretical perspective to guide your care, i.e., Leininger's Theory of Culture Care.

• Engage client in planning nursing care that is congruent with cultural paradigms.

• Evaluate with clients outcomes of care.

• Document the effect that the inclusion of culturally competent care had on the client.

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compare their business unit outcome with other national best performers.

Leaders need to consider both strategies when implementing any change. This requires the development of many systems, an infrastructure, for the management of people from hiring to their exit. The Methodist Health Care System has developed what is called a People Development Cycle and has three primary components, which are depicted in Figure 1: Performance Management, Development, and Total Reward and Recognition. The fundamental premise behind the model is that if you identify the value-driven behaviors/competencies you need to achieve results, develop the people, assess their behaviors, measure results, and provide consequences (either reward or unpleasant) that you will achieve sustainable organizational results.

So many change initiatives do not consider all or a portion of the above. Many, in particular, miss consequences such as incentive payment systems, or allow managers and staff who are not high performers to stay in the organization. Many initiatives do not consider that people need to learn new skills, such as flex budgeting, benchmarking or behavioral interviewing. They, therefore, continue to function on their old skill sets, achieving the same old results.

To build a leading edge culture, along with many of the classic Theory E tactics, Methodist Health Care System has utilized Theory O strategies and identified key values for all employees and behavior/competencies of managers to achieve new results; designed a web-based, automated 360 instrument to be used for development purposes over the first two cycles then folded into performance management; and designed a leadership development program based on learning needs assessment and the competencies required for the new work. Methodist Health Care System currently is developing a new total compensation and reward strategy designed to reward desired behaviors and results.

Combining Theory E and O strategies and building the essential infrastructure will support and sustain change and minimize the pain that so often accompanies change.


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Forensic Nursing

Forensic Nursing

When the agreements are executed, the next step for administrators is to develop policies and procedures for the facilitation of SANEs practicing in the designated institutions. The most common approach is to have the nurses function as independent contractors for the county in which they will practice. This requires the SANEs to maintain independent malpractice insurance. The SANE coordinator is responsible for the hiring and orientation process. Along with the application, the coordinator is required to maintain all relevant documentation of the SANEs' credentials, training and education. Some programs have hired SANEs as part of the per diem staff at the participating hospitals. In this situation, the program coordinator maintains all records necessary to allow the nurses to function within the hospital.

The coordinator is also responsible for ensuring the examination rooms are stocked and that the supplies and equipment are secure. It is imperative that both the unused and used evidence collection kits are stored in a locked cabinet to assure the integrity of the kits. It is important to maintain the integrity of the medical and forensic records for later use in court proceedings. Therefore, records are often secured in a locked cabinet separately from any hospital charts or records.

Another aspect of an administrative challenge is the facilitation of covering a program 24 hours a day, 7 days a week. The coordinator must be flexible and understanding of the needs of the SANE team while achieving complete coverage. Often the SANE team is made up of on-call nurses who have other job responsibilities. This often adds to the difficulties of providing seamless coverage.

Many daily challenges face the coordinator of a SANE program; all are unique to the particular program and to the people involved. Ultimately, each program strives to provide the most comprehensive, compassionate and current care to victims of sexual assault.

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