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Editorial

Are we ready for the future?

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The future, always an unknown, has become even more unpredictable after the events in the fall of 2001. One approach is to ignore the future because we have so little control over it. Another way to look at the future is to consider the possibilities and probabilities, using them to craft a preferred future.

Looking at the future is never easy, especially when we're confronted with the pressures of day to day work. The tendency toward status quo is inevitable, as is self-interest. Not preparing for the future, however, puts an individual, a group, or a profession, for that matter, at a disadvantage, especially if competing forces are planning their futures.

What might the future hold?

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Some idea of the future can be predicted from what we know today. Here are examples:

- The world today is smaller. And more dangerous.
- Isolation is no longer an option.

- Science and technology expansion will continue.
- Diversity will become more pronounced; not accommodating differences may lead to dissension and even war.
- Terrorism is a real threat everywhere in the world.
- New diseases will continue to arise (e.g., West Nile virus).
- Lock-step, one-size-fits-all education no longer makes sense.
- University structures, both actual buildings and governance models, may become obsolete.
- Economic realities will continue to control health care services.
- Communication technologies will expand, allowing broader access and more depth in information available.

Change has always been occurring throughout history, but today the rate of change is vastly accelerated. Imagining the world of tomorrow seems almost foreign, as if we might anticipate living in a science fiction universe.

The future of health care

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Although all of the earlier-named changes will affect nursing, either directly or indirectly, the ones that should concern us most are those mainly concerned with health care and nursing. Incredible strides in scientific advances and technologic progress are being made daily. They portend significant changes for health care.

Genetics

The hope for eradicating entire diseases via genetic engineering is within the range of possibilities in the near future. What will this mean for nurses and physicians, pharmaceutical and equipment companies, and hospitals? Not possible? Few of us remember the polio epidemic. What do you think happened to those who built iron lungs when a polio vaccine was discovered?

Therapeutic vaccines

The National Cancer Institute reports that a biologic therapy for melanoma is proving effective in early clinical trials (Jager, Jager, & Knuth, 2001). They predict similar vaccines for breast, ovarian, and prostate cancers will be available by the end of the decade. Might entire medical and nursing specialists be put out of business?

Noninvasive diagnosis and treatment

Robotic scalpels and microcameras allow access to internal systems for biopsy procedures or surgery with less trauma. Advanced tests on a single drop of blood now yield complicated and sophisticated results, relieving the need for more extensive and traumatic testing.

Nanotechnology

Designed originally for industrial uses, nanotechnology promises exciting possibilities for disease treatment. Measuring about .000001 the diameter of a single strand of human hair, a nanometer only can be seen by a specialized microscope. Scientists predict that nanoinventions will be able to serve as transportation vehicles to direct medication at the cellular level.

Graphic surgery

Step-by-step animation software showing surgical procedures has been created for patients to use to understand their surgery before they consent to it. The innovators developed the program to help reduce malpractice costs, but training physicians and nurses is another potential use (Melcer, 2002).

Communication technologies

The editorial in the last issue of the *Journal of Professional Nursing* described the International Academic Nursing Alliance, a newly formed organization designed to connect every university school of nursing in the world (Sullivan, 2002a). Geographic boundaries no longer restrict communication. Or information.

How can we prepare for the future?

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Preparing for the future has been compared with packing for a trip. No matter what you take, something will be missing. Events such as the terrorist attack on the United States, known as “wildcards,” cannot be predicted reliably. Prepare for the future by using available information and creative ideas instead.

We cannot teach what we do not know, what has yet to be discovered. Attempting to keep up with innovations is a losing battle; we no sooner learn one technology than an advanced one emerges.

To keep ahead of the future, we must learn how to think about what we need to know. Some call it critical thinking; others suggest it is creative thinking. Regardless, the strategy involves recognizing a myriad of possibilities, weighing the options, selecting an action, and evaluating the outcome, much like the nursing process. How do we discover the possibilities?

Examine systems critically

Are they necessary? Still valuable? Essential today? Often organizations, systems, and curricula grow incrementally over time, becoming overloaded, archaic, and outdated no matter how innovative and venturesome at the beginning. Today's rapidly changing world demands fresh ideas and alternative solutions to emerging problems. On-line education is an excellent example of how nursing education has adapted to the changing technology, often leading their campuses by using distance technologies.

Are academic systems organized appropriately? Is the semester system the best for today's fast-paced, changing world, especially with on-line courses growing exponentially? What about academic structures, buildings, and organizations? Do faculty need to be onsite? Is the tenure system outdated or do we still need to protect academia's freedom to express ideas?

Consider “just in time” education

As change accelerates, new content must be acquired. Genetics, therapeutic vaccines, and nanotechnology need to be included in curricula in the near future; bioterrorism preparedness is needed now. How are we to accommodate emerging information and techniques? And what do we leave out?

Take advantage of increasing diversity

Future nurses can be recruited from the ranks of the populations nursing has not attracted traditionally: men and people of color. Christman advises that if only one third of nurses were men, there would be no nursing shortage (Sullivan, 2002b). Furthermore, in the population of the future, minorities will be the majority. By concentrating on recruiting white women, we are destined to fail to meet the critical need for nurses.

Listen to young nurses and beginning faculty

Bringing fresh eyes to their positions, beginners have enthusiasm and ideas, unfettered by experience. Clinical faculty complain that their ideas are seldom considered, and meetings held in the middle of their clinical day make their participation impossible. Remember: these are the people who will take our place someday. It behooves us to listen to them.

Make no doubt about it, the future is coming. But the question is: will we be ready?

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