

Challenges and opportunities: Strategies for surviving cancer care changes in Canada in the '90s

by Joanne Bennett and Jocelyn P. Bennett

Abstract

This paper will explore the impact of economic restraint and changes in the cancer care environment on the delivery of health care services in Canada. The authors will describe strategies for surviving in the ever-changing health care environment in the context of their experience of the downsizing and restructuring of an acute care hospital.

The health care system is undergoing rapid and dramatic changes as economic restraint becomes the key phrase of the 1990s. Changes in funding and escalating costs are forcing health care providers, and society as a whole, to re-examine both the system and the level of care provided to Canadians. Change as an orderly, planned process has ceased to exist. Many eagerly wait for "things to get back to normal"; yet as McNeil (1987) states, "the bad news is that there is no 'normal' to go back to. What you are experiencing today is the way it's going to be from now on. Change is the only constant we are likely to see" (p.48). In this constantly evolving environment, the issues facing oncology professionals include: The shift from traditional hospital-based care to community-based care and an aging population in which the incidence of cancer dramatically increases. The challenge facing oncology nurses in this decade is clear - providing high quality patient care in a constantly changing and financially restricted environment.

For the past 30 years, all levels of government have been committed to the funding of health care despite the spiralling costs associated with advancing technological changes and expansion of services. Universal health care was deemed sacred, and "Canada spent more per capita on health care than any other country that has universal health care insurance" (Roch, 1992, p.8). Challenges to escalating funding requests did not surface until economic pressures heightened awareness of the enormous financial drain of providing health care to Canadians. Governments began to question the spending practices of health care institutions. As Roch (1992) notes, "with all levels of government facing unprecedented debt levels and high interest costs to finance such debt levels, the theme for health care during the 1990s will be one of restructuring and refocussing" (p.8). Greater economic pressures will require that health care delivery systems appropriately and prudently spend available resources (Rennebohm & Lozon, 1992). Government bail-outs will no longer be provided. Current economic constraints are forcing hospitals to review both the programs offered and their methods of delivery.

Cancer care providers are particularly challenged in confronting changes in the health care system, the economy and clinical practice. Certain trends in cancer care are emerging that will greatly affect the health care system. For example, despite advances in the treatment of cancer, overall incidence and mortality rates continue to rise. In Canada, cancer is the second leading cause of death. It is anticipated that, at current incidence rates, one in three people living in Canada today will be diagnosed with a malignancy at some point in his/her life (Adair & Maher, 1992). In addition, the population is aging and living longer. The Oncology Nursing Society's (1992) position paper on cancer and aging notes that "age is the most important determinant of cancer risk" (p.916), as cancer risk increases by middle age and rises exponentially thereafter. In addition, increased technology has resulted in many breakthroughs potentially prolonging the lives of persons with cancer. These breakthroughs, including improved treatment regimens, biotherapy and bone marrow transplantation, are not without significant cost. With rapid information dissemination, consumers are more aware of the various treatment options and are demanding access to the very latest cancer treatments. Thus, the health care system is now experiencing consumer demands for increasingly expensive treatments, at the very time that funding is being reduced and justification for new and expensive treatments must be rationalized. Cancer care providers must participate in the rationalization process.

There is no doubt that health care is undergoing dramatic changes. Living with and surviving these changes is a tremendous challenge. Restructuring and downsizing a hospital results in anxiety and a disruption of the usual workflow. Impending layoffs create an



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DÉFIS ET PERSPECTIVES: STRATÉGIES PERMETTANT DE SURVIVRE AUX CHANGEMENTS TOUCHANT LES SOINS DU CANCER DANS LES ANNÉES 90 ABRÉGÉ

Cet article explore l'impact qu'ont l'austérité économique et les changements se produisant dans le domaine des soins de la santé sur la prestation des services de santé. Les auteurs y décrivent les stratégies permettant de survivre aux changements incessants du monde des soins de la santé, et ce, à partir de l'expérience qu'ils ont faite de la compression et de la restructuration d'un hôpital de soins actifs.

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environment of fear. Restructuring and layoffs often result in staff voicing concerns about the perceived "unfairness" of the changes. Kushner (1986) put things in perspective when he related the story of a teacher of his who used to say: "Expecting the world to treat you fairly because you are a good person is like expecting the bull not to charge you because you are a vegetarian" (p.91).

The following strategies were useful to these authors in surviving and thriving with rapid institutional reorganizations and change.

Strategy One: Be open and flexible

The ability to be open and flexible is one of the most important strategies required for survival. A willingness to accept change and work it through must be present. Job descriptions may alter and expectations will increase as individuals are asked to be more productive and innovative with ever-reducing resources. McKay (1988) notes: "You have to keep changing and keep learning so that you are constantly challenging yourself, adding a few new songs to your program every chance you get. If you don't, the world will pass you by. And that's true whether you're an employee or an employer" (p.287). Surviving change requires a preparedness for any eventuality. In these times, even "sacred cows" are challenged. McKay (1988) suggests that "anyone who thinks he or she is indispensable should stick a finger into a bowl of water and notice the hole it leaves when it's pulled out" (p.178).

Flexibility and openness require a change in thinking patterns. Kohles (1991) describes the difference between machine age thinking and systems thinking. Machine age thinkers tend to view things separately and individually, whereas systems thinkers take a holistic approach to problem solving. To understand and be active in controlling the issues affecting health care, nurses can no longer be concerned with just the provision of nursing care. The economic situation, patient care and changes within the oncology population all must be considered. The role of patient advocate has never been more critical as nurses consistently bring the patient's point of view to the economic table.

Strategy Two: "Business as usual"

In a chaotic environment, it is critical to carry on with "business as usual". Collins and Noble (1992) suggest that during these chaotic times, individuals examine each change for the impact on job descriptions, ability to perform organizational responsibilities, and effect on career advancement. Individuals must move beyond this questioning and be proactive in everything from patient care to program planning, to marketing themselves. Those who wait for someone to tell them what to do and what directions to take, will wait a very long time and may even miss the boat.

Strategy Three: Get involved

An important survival tip is to get involved with institutional planning; Peters (1987) comments that "truly involved people can do anything" (p.286). Knowledge is power and knowledge can be acquired through participation and active involvement in the organization and committee work. Participating in change may mediate the perception of victimization and feelings of injustice which may accompany rapid organizational changes. Manga (1992) states: "It is imperative that nurses become substantively engaged in the reform process. The Chinese symbol for crisis is said to be the same for opportunity. The current crises of our health care system also constitute an opportunity for nurses to help reshape the system to their advantage" (p.19) and to position nursing for the future.

Strategy Four: Increased knowledge

Another important strategy is developing an increased knowledge base. Nurses must learn more about the technological changes and trends within the practice setting (e.g. same-day admission for surgery, ambulatory infusion programs and chronopharmacology). They must be current with and apply nursing research and cutting-edge theory in their specialty. This knowledge must be complemented by increased understanding of economics, budgeting processes, funding structures

and the Health Care Act. Nurses, by means of their practical involvement in care at the grassroots level, are in a unique position to assist in the adjustment of quality practice to new economic constraints. As well, increased understanding of clinical and economic concepts and principles can decrease anxiety and increase comfort in participating in rapidly evolving change processes. Peters (1987) notes that survival rests on learning to deal with chaos which results from fast-paced changes.

Strategy Five: Maintaining a "reason for being..."

Critical to survival is maintaining a reason for being. The power of transformation lies within the individual's creative abilities. Identification of a shared "vision" for the future is a key. Nyberg (1990) did a study to explore nurses' reactions to recent economic changes in the U.S. Results demonstrated that, although the current economic environment is severe, nurses continue to see caring as important and they still use caring attributes and behaviours in their work. McNeil (1987) suggests "you need to have a mental picture of a preferred future, another place to be or way of being, that people can buy into" (p.64). Visioning the future and holding onto ideals provide the energy to deal with upheavals in life. McNeil suggests that individuals must hold onto a "north star" or guiding vision: Reaching for a "north star" may provide direction and a guiding light.

Strategy Six: Balancing personal and professional life

Critical to survival in today's workplace is ensuring a balance of personal and professional life. As the burden of work becomes heavier, it becomes increasingly important to maintain a healthy life outside of the work environment. Being sensitive to personal needs, as well as the needs of colleagues, is helpful in ensuring survival. Survival networks of mutually caring colleagues within an organization can be very helpful. In the authors' experience, survival networks were exceedingly effective as individuals tend to have "down days" at different times, and they provide the opportunity for peer support, whether through reframing and problem-solving suggestions or through phone calls, lunches or "time-out" breaks.

Strategy Seven: Focus on what you can control

An effective survival strategy is to focus on those things within control. During a corporate restructuring and downsizing, there are many events and changes decided at higher levels of the organization that are beyond the control of those who may be intimately affected (for example, policy decisions around layoff, unit closures). Learning to redirect energy into those activities where an impact or influence could be felt, e.g. re-allocation of unit staff, may decrease the sense of helplessness and frustration.

Strategy Eight: Ignore the rumour mill

Ignoring the rumour mill is probably the most effective, yet difficult, strategy to employ. Most rumours which circulate are negative in nature and "bad news" tends to travel more quickly than "good news". Rumours may change on a weekly or even daily basis. Participating in or providing forums to clarify information and rumours is an effective means of combating the rumour mill. Phone "hot lines", newsletters and staff meetings are helpful, particularly when those who are perceived as controlling the situation are present (managers, directors, CEOs). Remember, if rumours are impossible to ignore, check them out!!


Strategy Nine: Maintain a sense of humour

A strategy that should serve as a backdrop for all others is maintaining a sense of humour. A sense of humour helps to keep situations and events in perspective. Pritchett (1987) suggests: "It's a

sign of maturity to be able to poke fun at yourself or the situation. It's also therapeutic" (p.19).

Maintaining a positive attitude and a sense of humour makes a chaotic work life easier to live through.

Some final thoughts...

In conclusion, the future of health care promises to be a challenging and exciting time for oncology nurses. If predictions and trends can be believed, oncology patients will be greatly affected by health care changes. These health care changes provide an opportunity for nurses to increase their involvement in health care policy formation and to actively participate in decision-making processes. Kohles (1991) states "the pain of change will promote the momentum to improve, not to just survive, but to achieve excellence in developing a responsive, cost-effective and harmonious health care society" (p.23). Nurses are strategically situated to ensure that decisions made regarding the rationing of resources or use of complex technology are for the benefit of the persons receiving care. In confronting the chaos and crises of the current health care system, nurses must look to the opportunities created. As nursing faces the challenges of the future, new strategies and added skills are required to survive and flourish. 

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