Embracing Nontraditional Learning: Desperately Seeking Critical Skills

In an effort to make our ongoing professional development seem highly relevant and professional, we occasionally may impose restrictions that result in unintended consequences. For example, what do you say to a bedside nurse who says he is unable to participate in an educational session about politics because it doesn’t relate to his practice? No, that was not his naïve thought; it was the interpretation by another party related to what “counts” and what doesn’t under the state’s continuing education regulations.

I could see that some aspects of politics might not contribute to a nurse’s better understanding of the system that creates rules, regulations, laws, standards, requirements, and so on. I just cannot think of any at the moment. No, I see that some individuals have had a narrow view of what was appropriate and what was not and that such a view excludes information that is vital to us as professionals. For example, about a year ago, a colleague and I had a discussion about the Affordable Care Act. It was being challenged, and this colleague posed the question of what would happen if the government couldn’t move forward with the funding and reshaping of health care. Because I teach a course on policy, my tendency is to always say, “On the other hand . . . .” And, so I did. Her big concern was about the local services provided by Planned Parenthood and what would happen if they lost their funding. To make a long story short, a year later, they did lose their funding.

We both recalled our conversation from before. My point, in the “on the other hand” speech, was that we would support the things we truly valued. I believed that if services such as contraception were curtailed, people would unite and provide the funding for what they valued. As it turns out, my colleague found other ways to fund the clinic and created policy related to contraceptive support. Now, rather than getting that medication filled at no cost in the clinic, the clients are given a prescription (with generic designation) and sent to the local, least expensive pharmacy. Is this convenient? Probably not so much as before. Is harm being done? Probably not, unless we consider those who may forget and who decided not to take the next step in having the prescription filled. In other words, this new alternative was not necessarily as convenient and as assuring as the previous service, but the core of the service remains in place.

We sometimes forget that one of the things that affects all of us is the political system in which we exist. To suggest that something political is not relevant to our practice is a narrow view of what nursing is. What would Florence Nightingale have done? As we know, she wrote letters to the Parliament demanding critical supplies (the key of which was soap so care providers could wash their hands!). Without her understanding of the political system, she might not have been so effective in changing the course of history through proven strategies that improved patient care. If we don’t understand our political system and how it impacts us on a daily basis, we are not doing our best for our patients.

I would be among the first to admit that there is just too much for us to know on too many topics. Yet, we all know some of the core elements of care (think CPR, nursing process, basic anatomy and physiology). Those core elements have to include societal-level aspects because that is the context in which we provide care.

This isn’t a partisan editorial, nor is it a paid political announcement. No, it is a statement designed to help us shape our destiny in a time of transition. If we are not being proactive politically, we stand to suffer the consequences of what someone else wants to impose on health care and its practitioners. The more we impose limitations on what is relevant to learning for professional development, the more we limit what our potential can be.

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