# Nursing and Health Care Reform: Implications for Curriculum Development

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## ABSTRACT

The health care system is undergoing profound changes. Cost containment efforts and restructuring have resulted in cutbacks in registered nurse (RN) positions. These changes are often related to the increased market penetration by managed care companies. To determine how RN graduates perceive these changes and their impact on the delivery of patient care, Healthcare Environment Surveys were mailed to graduates of the classes of 1986 and 1991. Using the Survey's 5-point Likert Scale, we measured the graduates' satisfaction with their salary, quality of supervision they received, opportunities for advancement, recognition for their job, working conditions, the overall job and the changes in their careers over the previous five year period. Our study suggests that the changes in the health care system are having an impact on how health care is being delivered and the way nurses view their jobs. Respondents reported that insurance companies are exerting increased control over patient care and perceive that the quality of patient care is declining. Increased workloads and an increase in the amount of paperwork were reported. Participants perceived that there were fewer jobs available and that job security was decreasing. The percentage of nurses who see job satisfaction as remaining the same or increasing are a majority. However, the relatively high percent of nurses who see job satisfaction as declining should provide a note of warning. The major implications of this study are that

the professional nursing curriculum must be modified to include content on communication, organization, legislative/policy skills, and leadership.

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The nation's health care system is undergoing profound changes. There are numerous forces at work that are effecting the delivery of care and, consequently, the work of health professionals. These forces include significant efforts at cost containment, restructuring and downsizing of hospitals, and the movement of health care delivery out of acute care centers and into the community. Even though cutbacks in registered nurse (RN) positions appear to have leveled off in sections of the country that have gone through restructuring and reengineering of the work place, there still remains a heavy emphasis on lowering costs by decreasing employee benefits and increasing productivity through the substitution of part-time RNs for full-time RNs and the substitution of unlicensed assistive personnel (UAP) for RNs. These changes are often related to the increased market penetration by managed care companies, which are not expected to abate any time soon.

It is important to determine what impact these changes are having on the delivery of patient care since there is some evidence to suggest that reduction in nursing staff below certain levels is related to poor patient outcomes (Fridken et al, 1996). It is also important to assess the effect of system changes on the satisfaction level health professionals have in their jobs. This is particularly important since some researchers suggest that job dissatisfaction, over a period of time, can result in burnout and eventually, turnover (Cameron, Horsburgh, & Armstrong-Stassen, 1994; Cotterman, 1991). Finally, understanding the impact of these health care delivery system changes has significant implications for baccalaureate nursing education and the preparation needed by future nurses to help them adjust to the changed environment.

This study was conducted in an attempt to better understand how nurses perceive the effect of changes in the health care system on health care delivery and on their job satisfaction. In an endeavor to

better understand these issues and to develop recommendations for nursing education, 108 five- and ten-year postgraduates of a Mid-Atlantic Bachelor of Science in Nursing (BSN) program were surveyed.

## LITERATURE REVIEW

Frederick Herzberg conducted one of the most replicated studies in the field of job attitudes (Herzberg, 1978). According to his study, factors that lead to job satisfaction are separate and distinct from the factors that lead to job dissatisfaction. Growth, or *motivator factors,* intrinsic to the job are achievement, recognition for achievement, the work itself, responsibility and growth or advancement. Dissatisfaction-avoidance or *hygiene factors* extrinsic to the job include company policy and administration, supervision, interpersonal relationships, working conditions, salary, status, and job security. While productivity is related to the motivator factors, the hygienic factors can still be influential in affecting attitudes toward work if they are not at a minimally acceptable level.

Many studies have applied Herzberg's factors to nursing. Heckert, Fottler and Mercer (1993) surveyed graduate nurses in 1984, a time considered the beginning of the managed care transformation of health care, and five years later in 1989. The researchers assessed these nurses regarding their attitudes about hospital administration, job satisfaction, job variety, pay, fringe benefits/promotions, and decision-making practices. While there were more negative attitudes on the part of nurses toward pay, promotional opportunities and hospital administration in general, job satisfaction did not seem adversely affected by these environmental changes.

Stechmiller and Yarandi (1992) investigated job satisfaction among 300 full-time female critical care nurses (CCNs) and demonstrated that the four most significant effects on job satisfaction were opportunities for advancement, meaningfulness of work, pay and supervision.

Cameron et al. (1994) surveyed 623 RNs in three community hospitals using a multivariate approach comparing demographics, work environment variables, and goodness of fit outcome variables. They found that these RNs were only moderately satisfied with their jobs. However, they also found that those RNs with higher job seniority reported the highest levels of job satisfaction, lowest levels of burnout, and were less likely to leave their positions. The researchers emphasized the importance of monitoring nurses' perceptions of job satisfaction and burnout as a predictor of the quality of nursing work life and its potential impact on patient care.

Job satisfaction was also the focus of a study on the effects of a "partners in care practice" model on nursing outcomes, using a pre- and post-test design on two randomly selected nursing units (Lengacher, Kent, Mabe, Heinemann, VanCott, & Bowling, 1994). A questionnaire that assessed nurses' attitudes towards their job was administered before and after introducing four interventions. The interventions were: increased involvement in decision making through development and implementation of the practice model for UAP, combining the concept of the UAP as a partner in care under the direction of the RN, change theory education for staff, and delegation process classes to help RNs learn how to delegate appropriate tasks to the UAP. The findings revealed significant increases in satisfaction with interaction and task requirements in the practice model group but less satisfaction with autonomy compared to a control group.

Other researchers have studied how changes in the health care system influence nursing practice. Shindul-Rothschild, Berry, & Long-Middleton (1996) surveyed 7,560 nurses regarding quality of patient care, amount of involvement with patients, involvement in decisions about patient care, and opportunities to improve practice. It was reported by 50% of the nurses that part-time or temporary nurses have been substituted for full-time RNs, and 40% reported the substitution of UAPs for RNs. Only 75% of the nurses reported that they would remain in nursing, and many of the nurses stated in their written comments that they were going to leave nursing because they could not provide patients with adequate nursing care in the current health care environment. Most respondents (85%) stated that they saw a decrease in the quality of patient care, in spite of the introduction of UAPs into the work setting. The overwhelming number of nurses reported that they have less time to teach patients and their families, to comfort and talk to patients, provide basic nursing care, document care, and to consult and participate in care with other health care team members. More than 50% of the RNs in the study reported less continuity of care, an increase in readmissions, and complications secondary to the admitting diagnosis. Complications secondary to the admitting diagnosis appeared to be the major problem identified by 46% of ICU/CCU nurses. This latter finding is consistent with The Centers for Disease Control study, which found an increase in blood stream infections in an ICU associated with nursing staff reductions below a critical level (Fridkin et al, 1996).

Locus of control is a variable that has been investigated as an important way individuals cope with work conditions. The primary instrument that has been used is Rotter's "Internal-External Locus of Control Scale." The basic premise of this model is that individuals who believe their behavior and abilities can influence outcomes are identified as having an internal locus of control, as opposed to those with an external locus of control who believe their lives are controlled by external factors and forces of the environment, and are less likely to use available resources to solve problems. Recent application of this concept has been made in the nursing literature. A group of 300 Army head nurses confirmed that those dominant in internal locus of control better managed their work stress and nonwork stress than those with an external locus (Jennings, 1990). Another study found a statistically significant relationship between an internal locus

of control and independent decision-making among nursing students and went on to suggest that individuals with an expectancy for external control may be "significantly compromised in their ability to be professional and accountable in their nursing practice" (Neaves, 1989). The Health Locus of control builds upon Rotter's work by predicting the adoption of healthy life styles based on a system of measures (Kist-Kline and Lipnickey, 1989).

### Research Question

Faced with the recent changes in the health care delivery system and the potential impact these changes have on nurses' perception of their work, the following questions were raised: What is the perception of nurses regarding the effect of changes in the health care system on practice? How have practicing nurses' attitudes toward their work changed in the last five years? What are the implications of these findings to educational programs preparing future nurses?

## PROCESS

The primary vehicle for data collection in this study was the College of Health Professions' Longitudinal Study. Developed in 1988, the Study is designed to collect and analyze information about students and alumni from the time they apply to Thomas Jefferson University until 10 years after graduation. Subjects are surveyed five different times: upon matriculation into the College, at graduation, and 2, 5, and 10 years after graduation. Surveys at matriculation and graduation contain questions regarding demographic, academic, and attitudinal information regarding the programs and services of the College. The alumni surveys contain questions regarding alumni perception of the quality of their education in preparation for practice and other career-related information.

A separate survey was developed for this study and appended to the regular mailings of the alumni survey. The survey was initially conceived through a literature search on job satisfaction and discussions among members of the team responsible for the Longitudinal Study regarding reports about changes in the health care system. To gain more information about these changes, a series of open-ended questions were sent to members of the College of Health Professions' graduating classes of 1985 and 1990. These questions asked alumni to identify specific changes they observed and in their judgement, were positive and negative for their profession, for the health care system as a whole, the nature of their work, and their satisfaction with their job, career choice, and ability to advance professionally.There were 564 surveys mailed; 297 in the class of 1985 and 267 in the class of 1990. Therefore, those surveyed were nurses and allied health professionals who had been in practice for a minimum of five years.

There were 100 responses received, 50 from each class for an approximate response rate of 18%. The exact response rate is difficult to determine, since it is not known how many actually received the survey because past experience with surveying alumni suggests that a number of people move without leaving a forwarding address. Taking this into consideration, the rate is extremely small. However, there were more than 250 specific changes identified from each class providing the team with an extensive list of identified effects from which to choose. Further, while it is difficult to claim a truly representative sample, prior comparisons of respondents and nonrespondents of alumni surveys suggest that there are few differences between the two groups. These comparisons are periodically carried out by comparing demographic information and by comparing responses to the questionnaire through telephone interviews with a sample of nonrespondents. Finally, the team decided that since the purpose of this initial survey was solely to identify issues, confirmation of those identified could be obtained through a second study.

Each member of the Longitudinal Study team reviewed the responses and placed the most often cited responses into categories. The entire team then reviewed the categories suggested by individuals and tried to reach consensus on the common elements within the category and give it a name. While a few unique responses were made, in general, if a response was given more than once, it was usually given at least six times or more. Therefore, a relatively subjective decision was made to develop a category if at least six responses were found to cluster together. The initial categories are presented in Table 1.

As can be seen from Table 1, there were many more negative effects noted than positive ones. In citing negative effects, respondents reported decreases in quality of care, job security, salaries and resources. They also reported increased workload and control of patient care by insurance companies. A few suggested that the changes in the health care system offered opportunities to reduce waste and provide increased opportunities for health professionals to be involved in decisions about patient care.

Each of these categories were then written in the form of a question and placed on a five-point Likert Scale with 1=significantly increased and 5=significantly decreased. The directions indicated that respondents should assess the degree to which each of the identified categories had changed in the past five years. In addition, questions regarding certain aspects of each nurse's job satisfaction were added to the survey. These questions, also on a five-point scale, asked them to rate the extent to which their satisfaction with their salary, quality of supervision they received, opportunities for advancement, recognition for their job, working conditions, the overall job, and their career had changed over the past five years.

This final survey, labeled the *Healthcare Environment Survey*, was then appended to the Longitudinal Study and mailed to members of the graduating classes of 1986 and 1991. In addition to the questions regarding perceptions

## TABLE 1
### Positive and Negative Changes in the Health Care System as Identified by Practicing Nurses

| Negative Effects | Positive Effects |
| --- | --- |
| Decrease in salaries | Decreased waste in the system |
| Decrease in resources | Increased opportunities for involvement in decisions regarding patient care |
| Decrease in job security | Increased opportunities for health care professions to make improvements in practice |
| Decrease in the quality of patient care | |
| Decreased time with patients | |
| Decreased number of available jobs | |
| Increased workload of nurses | |
| Increased workload of other health professionals | |
| Increased paperwork | |
| Increased control of patient care by insurance companies | |

## TABLE 2
### Selected Demographic Characteristics of Respondents

| | | |
| --- | --- | --- |
| **Class:** | 1986-50 | 46.3% |
| | 1991-58 | 53.7% |
| **Type of Position:** | Staff/Clinical | 68% |
| | Supervisor/Manager | 14% |
| | Instructor | 7% |
| | Other | 10% |
| **Setting:** | Hospital | 74% |
| | Ambulatory care | 3% |
| | Long-term care | 2% |
| | Doctor's office | 4% |
| | Self-employed | 4% |
| | Other | 13% |
| **Mean Time in Current Position:** | 4.4 years | |

of their job, demographic questions were asked. These included: time in current position, type of position and work setting. The original questionnaire and two reminders to nonrespondents were sent over a period of four months.

## ANALYSIS

The questionnaire was sent to 174 nurses in the class of 1986 and 134 in the class of 1991. Of these, 108 responses were received from both classes for an overall response rate of 35%. Fifty questionnaires were received from the class of 1986 (29%) and 58 from the class of 1991 (44%). The responses were tallied and descriptive statistics were computed for each question. Simple percentages of responses were calculated for each response category. In addition, the summary of responses was given to a panel of expert nurse educators involved in curriculum planning for their suggestions regarding the implications of the findings for curriculum development. Table 2 presents the demographic characteristics of the sample.

Table 2 reveals that the average amount of time respondents had been in their current position was 4.4 years. This provides an indication that they would have had adequate time to observe changes in their job over an extended period. In addition, a majority of the respondents were in staff or clinical positions in hospitals. Since hospitals have been most effected by recent changes in the Philadelphia area over the past five years, it is suggested that the majority of the respondents are reporting

on areas in which the effects of the changes in the health care system are most profound.

Table 3 presents a summary of responses to questions related to certain aspects of changes in the work place. These include such changes as salary, workload, job security, resources, and other external influences. The table contains a comparison of the percentage of those who indicated that each variable had either increased or significantly increased, those who saw no change, and those who indicated that it had either decreased or significantly decreased. This comparison is presented to show the nurses' perception of changes in the system but also to confirm whether factors identified by the initial group of respondents were accurate.

From Table 3, it appears that a consensus exists among respondents regarding at least five of the job-related variables. Respondents were almost unanimous in their perception regarding the control of patient care by insurance companies, where 99.1% reported increases. They were almost as unanimous in their agreement about the increased workload of nurses (95.4%), decreases in the availability of jobs (99.3%), and the job security of other health professionals (92%). While less unanimity existed regarding the increased workload of other health professionals (88.5%) and the increased amount of paperwork required (76.6%), the trend is notable. Interestingly, these nurses saw job security for themselves in a less negative light, where only 59% saw decreases. Two of the variables reported in the initial open-ended survey, "decreases in salary" and "reduction of waste in the system" were not confirmed by the nurses in this survey. Only 18.7% of the respondents reported decreases or significant decreases in salary, while 81% saw salary levels as remaining the same or increasing. Two-thirds of the nurses saw waste as staying the same or increasing. In fact, a slightly larger percentage, 37.2% to 33.4%, perceived that waste in the system had actually increased rather than decreased.

**TABLE 3**
**Perception of Changes in Job-Related Variables as Reported by Practicing Nurses**

| Changes In: | % Increased or Significantly Increased | % Decreased or Significantly Decreased |
|---|---|---|
| Salary | 26.2 | 18.7 |
| Job security of others | 01.9 | 92.0 |
| My job security | 13.6 | 59.2 |
| Availability of jobs | 00.0 | 93.0 |
| Workload of nurses | 95.4 | 00.9 |
| Workload of others | 88.5 | 01.0 |
| Insurance company control | 99.1 | 00.0 |
| Resources available | 14.0 | 58.9 |
| Amount of paperwork | 76.6 | 00.9 |
| Amount of waste | 37.2 | 33.4 |

**TABLE 4**
**Perception of Changes in Patient Care Variables as Reported by Practicing Nurses**

| Changes In: | % Increased or Significantly Increased | % Decreased or Significantly Decreased |
|---|---|---|
| Quality of patient care | 00.9 | 85.0 |
| Involvement with patients | 21.7 | 40.5 |
| Involvement in decisions | 28.0 | 25.3 |
| Opportunities to improve practice | 16.8 | 52.3 |

**TABLE 5**
**Changes in Job Satisfaction as Reported by Practicing Nurses**

| Satisfaction With: | % Increased or Significantly Increased | % Decreased or Significantly Decreased |
|---|---|---|
| Salary | 13.5 | 37.5 |
| Quality of supervision | 20.4 | 35.0 |
| Opportunities to advance | 13.7 | 40.2 |
| Job recognition | 22.1 | 27.9 |
| Working conditions | 13.5 | 45.2 |
| Satisfaction with job | 27.9 | 30.7 |
| Satisfaction with career | 33.6 | 26.0 |

Table 4 presents the responses related to selected patient care variables. The most obvious rating observed in the table is the almost unanimous (85%) perception among nurses that the quality of patient care has either decreased or significantly decreased. Less than 1% of the sample thought there had been an increase. Many of the nurses in this survey (40.5%) also noted that they had less involvement with patients, although almost 60% saw their involvement as remaining the same or increasing. Two of the other variables found in this table (involvement with decisions, and opportunities to improve practice) were suggested as positive outcomes by earlier respondents. Nurses in this study did not confirm this. Only 16.8% indicated they had more opportunity to improve practice, and only 28% thought their involvement in decisions had increased.

Table 5 contains information regarding changes in various aspects of job satisfaction as reported by the nurses in this study. As shown in Table 5, relatively few respondents reported increases in satisfaction with any of the components of job satisfaction. In fact, in all cases but one, the largest percentage of nurses reported that their satisfaction with aspects of their job had remained the same. However, in all cases, many more reported decreases rather than increases in satisfaction. When those who reported that aspects of their job satisfaction had remained the same are combined with either those that saw an increase or those that saw a decrease, in all cases but one, the picture is a negative one. The only area in which more respondents reported increased satisfaction was with their nursing career. Since most of the respondents were senior level nurses, this appears to confirm one of Cameron's findings—that senior nurses were less bothered by external pressures. While the nurses saw work load increased and job security decreased, it is not readily apparent that these pressures have had a significant impact on job satisfaction.

While the response rate of the survey is smaller than would be desired (35%), it is generally representative of the College's graduating classes as past analyses of Longitudinal Study returns have shown little difference between respondents and nonrespondents. The findings are also consistent with other studies that have been conducted. However, the relatively small sample size needs to be taken into consideration in the interpretation of the data. The findings of this study suggest that the changes in the health care system over the past five years are having an impact on how health care is being delivered and the way nurses view their jobs. Respondents reported that insurance companies are exerting increased control over patient care and perceive that the quality of patient care is declining. The nurses in this study reported that their workload, and the workload of other health professionals, is increasing, as is the amount of paperwork required of them. They also believed that there were fewer jobs and that job security was decreasing, particularly for allied health professionals outside of nursing. These findings are not surprising given trends across the nation. Managed care has driven down the number of hospital beds through downsizing, restructuring, and efforts to increase productivity and lower cost. In addition, there is a marked emphasis on moving health care from the hospital to community settings, which further decreases the number of jobs available within the hospital setting.

While geographic regions with the highest percentage of people covered by managed care companies are most profoundly effected by this trend, almost all regions of the country are effected to some extent. The increased control of health care by insurance companies and the emphasis on cost containment is not expected to decrease any time soon. This suggests that increased workload with fewer resources will continue into the foreseeable future.

Nurses who responded to this survey did not see the benefits from the purported increased efficiency of the system. That the amount of waste was either the same or increasing was indicated by 67% of the respondents. In addition, they did not see opportunities for expanded patient involvement (28%) or to improve practice (17%). Unless changes are made in the way the system operates, future nurses must be prepared to cope with the impact of the changed system.

There seem to be few clear implications regarding job satisfaction. While the percentage of nurses who see their job satisfaction as remaining the same or increasing are a majority, the relatively high percentage of nurses who see job satisfaction as declining should provide a note of warning to nurses. While it is not possible to speculate if there is a trend related to satisfaction, job dissatisfaction with such things as salary, supervision, advancement, recognition, and working conditions have all been shown to be related to job turnover and/or burnout (Cameron et al.).

A more positive finding is that 76% of the nurses reported that their career satisfaction has stayed the same or increased, with more than 1/3 of the sample reporting an increase or significant increase. This suggests that in spite of the negative changes that nurses perceive in the system, they are not deterred by them. They still believe that nursing is an attractive career and most nurses are generally satisfied with their choice. This makes it all the more important to adjust nursing education programs to prepare nurses for the challenges associated with the changed environment. Nursing educators must provide guidance to their students to enable them to cope successfully within this rapidly changing environment.

## Implications for Curriculum Development

Nursing education is entering a period of unpredictable change related to market forces. As nurse educators attempt to meet the requirements of an ever more complex organization of health care services and delivery, tension will inevitably occur among politicians, economists, managers, and the nurses themselves. The difficulties encountered in curriculum development often have a political base in that they are problems caused by scarce resources. Any program that ignores the sociopolitical forces in the external environment will do a disservice to its graduates. The dilemma for educators is how to prepare students for the real world, where the perceived quality of care is decreasing, resources are scarce, the

amount of work has increased, and the availability of jobs depends on wide swings in the market forces, while at the same time ensuring that students have a solid preparation in nursing science. To prepare students to respond only to forces external to nursing leaves the profession in a reactive role. Preparing students only with professional nursing skills will strain their personal and professional development as they try to cope with this complex system. Perhaps one of the most important skills educators can impart to their students is the ability to manipulate their environments to become change agents creating new and more healthy systems.

The panel of nurse educators who reviewed the data suggested that there be enhanced collaboration between education and service. Integration between what the outside world desires, needs, and expects from an educational institution, and what the internal constituents of that institution desire, need, and expect. It was also suggested that there are several skill areas that are important for nurses so that they may cope successfully with the managed care environment. These are life skills that will enable professionals to deal more effectively with the various shifting forces.

Six general skill categories are indicated for future nursing curricula. While it is recognized that many of these skills are currently presented in various parts of certain nursing curricula, others are not. It is suggested that, where these are not present, nurse educators give attention to their inclusion.

*Effective, Accurate Communication Skills.* Programs should focus particular attention on efficient, accurate and useful oral and written communication skills. Such skills are essential for nurses working in time-urgent practices and responsible for delegating work assignments to others. With the increased use of patient care extenders, delegation of tasks must be clear, understandable, reasonable, and accurate. The dynamic health care environment calls for sudden shifts in organizational priorities that may be in conflict with professional values. Nurses must be able to articulate successfully to administrators, peers, and subordinates the goals and mechanisms needed to meet both the organization's need for efficiency and cost containment, as well as the professional obligation to deliver high-quality, competent care with diminished resources.

*Internal Locus of Control.* An internal locus of control enables professionals to cope with changing situations and resources. Individuals who have an internal locus of control believe their behavior and abilities can influence outcomes. An internal locus of control has shown to be a predictor of decision-making skills, stress management, and general quality of health (Kist-Kline & Lipnickey, 1989).

*Legislative/Policy Awareness.* Nursing professionals must develop ways to be knowledgeable about and actively involved with public policy issues that affect the quality of patient care delivery and the role nurses play therein. They must advocate for their own or their patients' needs and rights, which requires that they be aware of

current trends, potential policy changes, and shifting reimbursement designs so they can understand and foresee the changes that will affect them. As one of the largest groups of health professionals, nurses have the ability to influence the development of health policy on the national level. Knowledge of the policy making process and the ways in which they might influence this process will enable nurses to have a voice in maintaining or improving the quality of care delivered to patients.

*Leadership / Influence Skills.* Nurses have the responsibility, because of their numbers and their critical role in the delivery of care, to take a leadership role in influencing how care is delivered. It is not enough to help professionals cope with changes in the system. It is as important for them to take a proactive role in the setting of patient care goals and policy.

*Crisis Management Strategies.* These strategies must be learned based on models for successful intervention. Just as cardiopulmonary resuscitation is practiced and reviewed continually for the successful rescue of patients in crisis, so must crisis management strategies become second nature to health care personnel so that they are able to deal effectively with constantly shifting priorities and policies that directly affect their ability to deliver care and their sense of professional control over their immediate environments.

*Effective Organizational and Prioritizing Skills, and Time Management Strategies.* The priorities of the health care system are changing almost daily. With increased workloads and shrinking resources, it is becoming critical for nurses to learn how to manage their time, organize their job in light of shifting demands, and to be able to prioritize assigned tasks. This is particularly important because of the emphasis on cost-containment and efficiency of operation. The ability to organize and prioritize underlies effective patient care delivery in such a demanding health care environment. Effective time management skills are essential when working in a time-limiting situation.

## CONCLUSIONS

The desire to serve people, accompanied by a commitment to provide quality and compassionate care, have long been major catalysts for entering the profession of nursing (Koerner, 1996). A major finding of this study is that nursing is still an attractive career. In spite of the perceived negative changes in the health care system and the potentially negative trends in job satisfaction, experi-

enced nurses still report an encouraging level of satisfaction with their career choice. It is, therefore, even more important to provide support for this group to avoid the potential burnout and turnover associated with low satisfaction and provide the means for future nurses to cope successfully with these system changes. Educational programs must keep up with the changing times. In order for nurses to continue to provide quality care, these programs must be responsive to the shifting sands of the health care system. The challenges presented by such a dynamic, changing health care system are daunting. However, a clear, organized, and carefully developed curriculum can provide new graduate nurses with practical skills to meet these challenges head on and to more effectively cope with their work environment.

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