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Changes in Acute Care: Questions in Need of Answers

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While the field of acute care is diverse, it can be conceptualized by a number of shared characteristics. Generally speaking, acute care deals with the assessment and treatment of sudden and unexpected illnesses or injuries. These events tend to be life-threatening and accompanied by severe pain. They may be characterized as either discrete or episodic events. Not surprisingly, the primary health objective is to save the patient's life. Consequently the field of acute care has depended on the advanced technologies and clinical expertise of tertiary care settings.

Dramatic changes in the health care system underscore the fact that acute care as we have known it is being revolutionized. Two trends in particular have the potential of threatening the health of families and communities; namely, early hospital discharge and reliance on families and local community clinics for the convalescence period. We use the word "potential" because of the paucity of research into their effects on the patient, family, and health care system.

The shifts from hospital to home care, from professional caregiving to family caregiving, have occurred at an unprecedented rate and have caught both the family and the community off-guard and ill-equipped to handle the demands of caring for the acutely ill patient at home. Patients are often discharged home in unstable conditions and require complex treatments. Most families lack the experience, knowledge, and specialized skills to care for their family member with confidence. What we often fail to appreciate is that many families have themselves been traumatized by the acute care episode and are in need of help.

Many of today's families lack the structure to support a caregiving role. Prior to the Industrial Revolution, the care of the ill fell to families. With the Industrial Revolution hospitals gradually assumed more responsibility for the care of the acutely ill. However, the family continued to play a major role. In fact, the traditional family structure enabled

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families to assume the responsibility of the care of its ill members. Even with the two-adult nuclear family with its clearly delineated roles that ascribed to women the roles of homemakers and care providers along with an extended family who often lived in close proximity, the emotional and financial burdens of caring for an ill member were enormous. Medicare was created to ease these burdens.

Unlike the family of yesteryear, today's family is at a great disadvantage. Many family structures are not resilient enough to absorb the strain of caring for an ill member. Mobility has weakened families' support network and many families find themselves bereft of a social network that can be counted upon to provide sustained help. Moreover, many women are unprepared to assume the role of care provider given their many other roles and responsibilities. In addition, this generation has come to expect that care for the ill is primarily the responsibility of professionals and institutions and find themselves inadequately prepared to assume the role of caregiver. They have also come to expect miracles from medical science and feel entitled to the very best and the very latest treatments and care. Furthermore, many communities lack the needed type of services, the appropriate personnel, and the financial resources to deal with the increased demands for service.

In order for nurses to meet the new clinical challenges brought about by shifts in health care, we need to reorient our research. Up until now, the major focus of our research of acute care has centred on the patient in hospital. Yet this orientation, although still important, is no longer sufficient to guide practice decisions, shape health care services, and influence policy. We need to ask ourselves such questions as: "What type of knowledge and clinical skills are required to nurse patients with higher acuity levels in hospital and at home?" "What is the impact of the acute event and the patient's illness on caregiver's health, psychological well-being, coping processes, and level of functioning in the short and long terms?" "What are the indicators of a family's readiness to assume the caregiving role?" "What happens to patients and families during the transition phase from tertiary care to home care?" "What type of services do families need, and from whom?" "What nursing strategies are most effective in supporting patients and families in coping with different phases of the acute event?" "What is the profile of families who can best benefit from nursing care?" "What type of health services do patients and families

require during different points in the convalescent trajectory?" "What is the role of nursing within a collaborative framework of multidisciplinary practice?" "What are the indicators that nursing has made a difference to patient and family outcomes?"

The profession that has knowledge of patients' and families' needs will not only find itself in a strong position to meet the many challenges of the new health care system but will also be in a unique position to influence its direction. The right type of knowledge is dependent on asking the right set of questions. We believe that nursing has been asking the right questions. Now what we need to do is to find the answers.