

Healthcare Readiness and Primary Care Nursing Using the Theory of Bureaucratic Caring: Turning Never Into Now

Marcia A. Potter, RN, MS, DNP, FNP-BC, FNAP, FESPCH 
United States Air Force, Retired

Abstract: The global COVID-19 pandemic of 2020 challenged primary care nursing as never before. Attention focused mainly on care within the inpatient realm, and guidance for these areas was predicated on existing plans for contingency response. In the primary care realm, few clinics plan for or practice readiness responses; thus patients and staff faced a daunting mission of ensuring continuation of services using nontraditional platforms. This article describes bureaucratic caring theory guidance for readiness activities, basic planning, and resources required for primary care clinics in contingency and crisis responses.

Keywords: COVID 19 pandemic; readiness; contingency; crisis; primary care; telehealth; theory of bureaucratic caring

Primary care nursing is the backbone of primary healthcare in the United States, yet many clinics lack planned responses to catastrophic events that disrupt clinic services. In those events, patients continue to require primary care services, yet those services may be more difficult to access. This creates the potential for destabilization of chronic health states and unnecessary suffering. Caring, as the essential component of health services delivery, can be understood from various categories as described in the theory of bureaucratic caring (BCT; Ray, 1989, 2010, 2018; Ray & Turkel, 2020). This article explores the elements of successful readiness planning for primary care nursing within the context of the BCT.

Readiness is defined as a key component of the ability to continue services in a resource-constrained

environment. Readiness encompasses complex, interrelated activities designed to prepare staff members to meet the healthcare needs of their patients during contingency and crisis operations. Hick et al. (2009) defined contingency events as those which presented a moderate disruption in normal services and which also may require more rapid resupply of resources. Crisis events are those which cause severe disruption in services and which may require suspending or limiting all but the most urgent/emergent services (Hick et al., 2009).

How then should readiness be described as both a healthcare function and understood in the context of caring? Clearly, readiness as a healthcare function is predicated upon the idea that healthcare needs do not disappear in a contingency or crisis

event. In fact, healthcare needs often immediately increase for acute needs but the needs for control of chronic health states becomes nearly invisible. Although change rapidly developed in many areas, this article will focus on those most relevant to primary care nursing as well as the role of primary care nursing in meeting those challenges

Theory of BCT

The BCT is a grounded, phenomenological theory that describes the categories of caring and their relationship to the human lived experience. A brief introduction to the categories of caring sets the stage for understanding how primary care nurses apply BCT to healthcare readiness.

Spiritual-ethical caring infuses all categories of caring and is concerned with the welfare and well-being of others. Centered in the divine, it illuminates the power of transmitting caring and love through actions that go beyond the self (Ray, 1989, 2010, 2018; Ray & Turkel, 2020). Nursing responses to human suffering are often characterized as *heroic*; this is quite simply, placing the interest of others above one's own. In this global pandemic, there were myriad stories of nurses racing to help overburdened hospitals, often at great personal cost to themselves and their own health. Although an example of epic altruism, it is also a symptom of lack of readiness.

Economic caring is concerned with the use of scarce resources, such as money, goods, and personnel to carry out services and/or sustain financial viability. Measures such as budgeting, meeting fiscal obligations, and staffing protect the ability to deliver healthcare services. Social-cultural caring is centered on the relationships people build with each other, their colleagues, communities, and world. It is also the expression of health in daily practice and shared beliefs and rituals. Physical caring is the concerned with the well-being and integration of body and mind. Acts of physical caring, such as therapeutic touch, shared presence, and listening help to establish bonds of love and trust.

Legal caring is the category concerned with the governance, rules, and regulations of caring services. Measures to ensure that the most competent staff members are involved in patient care, such as licensure and certification, are examples of this category. Other examples are meeting occupational safety and health standards, accreditation, and state and federal laws. Technological caring is the use of nonhuman measures to deliver caring and

the knowledge required to use that technology. Although elements such as monitors and telemetry often come to mind in this category, even medications can be considered as technological caring. Educational caring is concerned with the transfer of knowledge and learning to facilitate self-efficacy. Elements of educational caring can be teaching a patient how to monitor blood glucose levels or change a dressing appropriately. Lastly, political caring is concerned with the use of influence and power to create policy and guidance. Political caring as a leadership skill is applied at all levels of practice in the healthcare system. Examples of political caring include creating policy to utilize telehealth and virtual care platforms.

Primary Care Nursing Role

Primary care nursing is focused on preventing illness and injury as well as preventing sequelae of chronic health states such as diabetes and hypertension. In the realm of healthcare readiness, primary care nurses bring their expertise in advocacy, practice, and planning to create a bridge between the conventional capacity and contingency or crisis capacity (Hick et al., 2009). Applying BCT in each of these realms illuminates the foundation of theory-guided, evidence-based practice and opens new possibilities for nursing and person-centered care.

Advocacy

As a profession, nursing runs to meet the needs of individuals, families, communities, and society at large. This is no less true of primary care nursing since these nurses are in the frontlines of healthcare in every community. As advocates for care and caring, primary care nurses are uniquely positioned to understand the interconnectedness of health, resources, and need. As such, primary care nurses articulate community health patterns and advocate for resources with credibility and professional influence. Applying BCT foundations, primary care nurses influence every aspect of healthcare readiness, including the required resources, training, education, equipment, and personnel with a focus on providing care delivery no matter the circumstances (Hick et al., 2009; Potter, 2020; Ray, 1989, 2010, 2018; Ray & Turkel, 2020). Primary care nurses are certainly familiar with innovation and person-centeredness; these professional characteristics enable personalization of a patient's health care and adaptation of evidence-based

practice at all levels of the healthcare system. In healthcare readiness, the role of the primary care nurse is to assess the ability of the practice to meet patient care needs in all levels of response. Assessment begins with an overview of the practice and the resources required to meet needs at all operational levels (conventional, contingency and crisis; Hick et al., 2009).

Planning

Most healthcare facilities plan for contingency or short-term crisis events and resources, training, and expectations for recovery are based upon the brevity of the need (Diaz et al., 2020; Hick et al., 2009). The depth and intensity of this pandemic quickly overwhelmed expectations as well as resources. Planning as a method of transmitting caring, involves economic, technological, legal, social-cultural, educational, and political caring. Without adequate supplies, equipment, personnel, and the ability to utilize those resources for the greatest benefit, the pandemic response and responders were forced to meet needs as they arose rather than being able to shift gears and perform proactively. Social-culture relationships were strained, often beyond resilience, as citizens sheltered at home, businesses shut down, and the capacity to be with one another was severely curtailed. As entities such as the Centers for Disease Control (CDC), the World Health Organization (WHO), and individual governments around the world pushed information and education about self-protection, the legal and political ramifications mounted (Centers for Disease Control and Prevention, 2020; WHO, 2020). Political caring, the concept of using one's influence and authority to create policy and guidance, was deployed in various methods to reach as many citizens as possible (CDC, 2020; Ray, 1989, 2010, 2018; Ray & Turkel, 2020).

Practice

Primary care nurses practice healthcare readiness by applying the knowledge gained from reviewing resources, working with experts, and conducting training. The Federal Emergency Management Agency (FEMA), housed within the Department of Homeland Security, publishes guidelines for emergency preparedness for individuals, employers, and communities (Ready Business, 2020).

Primary Care Nursing Actions for a New Future

Interconnectedness and Vulnerability

Interconnectedness is the idea of being inseparably related to one another, and this oneness leads to vulnerability or constancy as each entity's stability is dependent upon the strength of all within the system. In the case of COVID-19, vulnerability predominated. As each component of the healthcare system faced multiple stressors, the system itself became exposed to collapse. Interconnectedness is foundational to the BCT because all categories of caring are simultaneously independent and interdependent upon each other (Ray, 1989, 2010, 2018; Ray & Turkel, 2020). Caring in one category, such as physical (shelter at home), protected the vulnerable populations and helped to flatten the curve of infection severity, but it also reverberated in the economic category as businesses closed, employees were no longer drawing a paycheck, and the national economy tumbled (CDC, 2020; Lempinen, 2020; Ray, 1989, 2010, 2018; Ray & Turkel, 2020). According to Diaz et al. (2020), *operating on the thin margin of efficiency* also presented challenges in terms of safely conducting clinical operations. Primary care-nursing actions include ensuring adequate supplies, resources, and personnel, and confirming that all staff members have a means of communicating with one another, that is, a recall roster. This roster should include phone and email information to enable rapid outreach to colleagues and professional partners. If the clinic maintains its own website, then the website manager should post timely updates for clinic operations and processes (FDMA, 2020).

Virtual Platform

The virtual platform involved arguably the most explosive change in how healthcare services were delivered (Rabra, 2020). Prior to the global pandemic, about 18% of healthcare visits were virtual; during the pandemic that number multiplied exponentially (Rabra, 2020). Of course, technological caring—the nonhuman ways in which caring is transmitted—is a sophisticated interplay of the knowledge and skills, legal basis, and policies governing practice and application of that technology. This component of BCT application illuminates the integration of all categories of caring as people rapidly adopted this novel mode of healthcare for their patients as well as collaboration with professional partners (Rabra, 2020; Ray, 1989, 2010,

2018; Ray & Turkel, 2020). Primary care nursing actions include ensuring that staff members have teleworking capability. That capability includes training, licensure of the virtual platform (such as Adobe Connect), equipment (such as camera), knowledge of practice standards for contingency or crisis capacity, and measures to take if the virtual platform is unavailable. Primary care nurses need to advocate practicing teleworking to ensure smooth continuity of operations as soon as reasonably achievable.

Direct Patient Engagement and Empowerment

Few would argue that the rapid change in society demanded an equally rapid change in patient self-efficacy, especially where control of chronic health states was concerned (Diaz et al., 2020). The most medically fragile, those living with poorly controlled chronic health states, were suddenly also too vulnerable to be seen in clinic settings. This situation illuminated the categories of physical caring as well as social-cultural caring as people were constrained by self-isolation, shelter at home, and self-quarantine (Ray, 1989, 2010, 2018). No longer able to easily reach their healthcare teams, patients were compelled to make decisions about their own health management, illustrating the importance of educational caring in the BCT (Ray, 1989, 2010, 2018; Ray & Turkel, 2020). Primary care nursing actions include improving patient activation and engagement; using such methods as the Enhanced Chronic Care Model for primary care visits assists patient self-efficacy overall and especially in contingency/crisis operations (Potter, 2020; Potter & Wilson, 2017).

Autonomy

Similarly, healthcare staff, finding themselves cut off from their usual source of collaboration and support, forged new paths of autonomous decision-making. While accrediting bodies such as The Joint Commission, included verbiage about *crisis standards of care*, the guidance itself was nonexistent. In the absence of firm and unequivocal guidance, healthcare staff relied upon their expertise, knowledge, wisdom and discernment, and ethical foundations to care for their patients, themselves, and their practice. While every category of caring within the BCT was apparent in this component, the economic category of caring was especially relevant (Ray, 1989, 2010, 2018; Ray & Turkel, 2020).

As the pandemic progressed, healthcare practices faced severe economic constraints that threatened their ability to continue services (Bachman, 2020; Lempinen, 2020). Primary care nursing actions include ensuring collaboration with professional partners continues in nonconventional operations, knowledge of and adherence to ethical standards for contingency and crisis operations, and documentation of decision-making in the patient record. This decision-making must include a risk assessment, especially if deferring care, and the patient's participation in the decision-making process (Edwards & Elwyn, 2009). This includes developing and practicing contact processes, and identifying and mitigating process gaps (FEMA, 2020).

Uncertainty

Not an event, per se, but a result of all unfolding events of COVID-19 globally, uncertainty permeated every aspect of human existence and interaction. No longer able to rely on standard practices, routines, or cherished rituals, caring in every facet of human experience was fraught with an inherently unknowable outcome. To cope with uncertainty, caring in every category of BCT had to be directed toward the most critical and immediate concerns. Of course, this is highly personal and situationally dependent, often colliding with societal measures to care for the populace. As described above, the interconnectedness suddenly and obviously brought the *butterfly effect* from concept to full-blown reality. Primary care nursing actions include applying the nursing process to healthcare readiness, clear communication with staff and patients, utilizing evidence-based guidelines, and focusing on the highest quality patient care possible in the circumstances (FEMA, 2020; Potter, 2020).

Conclusion

The global pandemic caused by COVID-19 brought to light many aspects of healthcare readiness in the primary care system. The gaps identified by lived experience offer opportunities for primary care nurses to lead healthcare readiness activities in their clinical environments. Safe, high-quality healthcare is not only a mandate but a professional obligation, no matter the operational environment. By learning and engaging in healthcare readiness activities using BCT-guided principles, primary

care nurses engage in professional development and ensure the highest quality of patient care in every circumstance.

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Correspondence regarding this article should be directed to Marcia A. Potter, RN, MS, DNP, FNP-BC, FNAP, FESPCH, Colonel, United States Air Force, Nurse Corps, Master Clinician, Family Nurse Practitioner, Joint Base Andrews, MD. E-mail: marciapotter705@gmail.com