

Professional Nursing: Trends and Adjustments

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Abstract: The second half of the twentieth century has witnessed phenomenal changes in the health care systems of almost all the countries. The three broad movements, each having a pre-eminent concern and currently seeking to change the world of medicine, are the proponents of evidence-based medicine are mainly concerned with ensuring that strategies of proven clinical effectiveness are adopted, the health economists are mainly concerned with establishing that cost-effectiveness and not clinical effectiveness is the criterion used in determining option selection; and a variety of patient support and public interest groups are mainly concerned with ensuring that patient and public preferences drive clinical and policy decisions. Rapid change in the nursing and health care delivery environment has created an irresolvable dilemma for the nursing services. These changes include a major reconfiguration of the health care delivery system, unprecedented technological advances, and enormous changes in the expectations of the health care consumer. Enormous advances in the use of technology have been incorporated into the delivery of health care services. With acceptance of the World Wide Web, many health care organizations implemented mechanisms for using this technology to enhance access to health care services and to provide more efficient care to those whose access to the traditional system is limited by distance and other factors.

INTRODUCTION

Nursing is a caring profession. Caring encompasses empathy for and connection with people. Teaching and role-modeling caring is a nursing curriculum challenge. Caring is best demonstrated by a nurse's ability to embody the five core values of professional nursing. Core nursing values essential to baccalaureate education include human dignity, integrity, autonomy, altruism, and social justice. The caring professional nurse integrates these values in clinical practice. Strategies for integrating and teaching core values are outlined and outcomes of value-based nursing education are described. Carefully integrated values education ensures that the legacy of caring behavior embodied by nurses is strengthened for the future nursing workforce.

Nursing has long been described as an art and a science. Nurses represent the major personnel expense in any hospital and are the most directly responsible for using supplies for patients. The nurse assumes the major role in determining and implementing acceptable standards of clinical nursing practice, management, research and education. The nurse, in providing care, ensures that use of technology and scientific advances are compatible with the safety, dignity and rights of people.

The identified key issues are education, scope of practice, specialty practice, reimbursement, titling, prescriptive authority, legal status, regulation, and credentialing issues. And, indeed these issues are still importance to the practice of advanced practice nurses. Even though most of the hard work was done to promote the path to independency and uniformity for advanced practice nursing, but several issues remain to be solved especially in the areas of credentialing and regulation. Many nursing organization is working aggressively to put a new regulatory model in place to promote a system of mutual regulatory recognition. The field in advanced practice nursing is evolving and changing rapidly, especially in the areas of advanced practice nursing specialties. As a result of this complex change, policymakers and regulators face many challenges and obstacles to ensure development of broad-based practice standards. At the same time this challenge also presents many new opportunities for advancing practice nursing; thus APNs continue to prove themselves as safe and cost-effective providers to the members of society and to move forward to a better professional future.

At present, consumers are more informed about health care services, given the ease of access to information using the electronic media. Therefore, consumers expect the most current treatment regardless of expense or geographic location of the service. The health care sector is feeling the impact of rising consumer demand for services. This is a result of, among other factors, an ageing population, and it is struggling to provide services in an environment that was not designed to meet the current demands and the

many changes that have occurred within the industry.

There has been unrelenting change within the health care system over the past decade as a result of the increased use of biomedical technology, advances in science that are reflected in the medical management of patients, continuing development of information technology, and ongoing economic rationalism. There is a lack of co-ordinated, streamlined approaches and limited consensus on approaches to managing the health care environment and patient care practices. There have been blocks to achieving efficiency and a level of efficacy that has resulted from fragmentation of services, which is reflected in a non-streamlined approach to patient care. The resulting lack of a continuum of care for patients, from point of entry into the health care system to discharge, does not facilitate the provision of optimum patient care or appropriate use of the services. Current information systems are inadequate, there is duplication of costs as a result of the uncoordinated approach to patient care provided by health service personnel, and the demand for hospital beds is at a premium when often they are being used inappropriately.

Given that change has occurred haphazardly over a period of time, the changes have been ill defined, largely poorly managed and not evaluated for their effect on either the service or on patient outcomes. The implementation of changes that are advocated within the health care systems worldwide has generally not been coordinated, formally acknowledged or managed, but rather has often been allowed to unfold with little or no support for the health care workers. And yet, Health Departments expect that the changes in the sector be driven and managed by clinicians. To enable the health care workforce to meet the demand for its services, changes to the roles and functions of health care personnel need to be examined and a more coordinated approach to patient care developed for effective and efficient utilisation of the health care system. Because nurses are the largest group of clinicians within the system and provide a service across the 24 hours in a day, it is reasonable to expect that those nurses will be instrumental in facilitating changes within the health care environment.

If nurses are to be instrumental in bringing about the changes that are necessary to align health care services with patient care, there is also a need to address the current significant attrition rate from nursing. The development of new models of care might be invaluable in assisting with this challenge as health care organisational forces determine the conditions under which nurses work. Studies have identified organisational culture and a lack of autonomy in decision making and change as contributing stressors for nurses. Advances in technology have also been cited as impacting on the nurse's role.

Consideration therefore needs to be given to whether or not the roles and functions of nurses in a range of contexts of practice have changed or need

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to change. Perhaps greater emphasis needs to be placed on different functions in particular situations, because of changing patient care needs and the reduced timeframe in which care is expected to be provided. The feasibility and practicality of delivering total patient care has to be questioned in a range of contexts of practice. Nurses have to be very clear about whether or not their practice is consumer oriented. Any desired change in the culture within the sector and the experiences of nurses will not occur overnight. However, this is an opportunity for nurses to demonstrate their skills in making a difference to outcomes for their clients. In a way, it is a chance to invest in our profession.

It is imperative that nurses are involved in the development of new models of care and the broad change processes. By maximising the contribution that nurses make, we can reduce the potential for further stress in the workplace. However, this will require a new level of insight and forward planning for the development of approaches to practices that meet the needs of patients within a complex and changing health care environment and society at large, rather than waiting for change to be imposed upon us.

To achieve sustainable change in today's complex health care environment, it is essential to have nurses with well-developed leadership qualities, a sound grounding in nursing practices, and clear identification and understanding of the contemporary environment. To determine the appropriateness of various configurations of roles and functions within a range of models of care, nurses themselves need to assume responsibility for proposing strategies for change that are realistic and effective at the coalface.

RESTRUCTURING OF THE HEALTH CARE DELIVERY SYSTEM

Rapid change in the nursing and health care delivery environment has created an irresolvable dilemma for the nursing services. These changes include a major reconfiguration of the health care delivery system, unprecedented technological advances, and enormous changes in the expectations of the health care consumer. Enormous advances in the use of technology have been incorporated into the delivery of health care services. With acceptance of the World Wide Web, many health care organizations implemented mechanisms for using this technology to enhance access to health care services and to provide more efficient care to those whose access to the traditional system is limited by distance and other factors. Although telemedicine has become an accepted term for provision of medical care across distance using electronic means, telenursing has been variously defined by a number of different groups. The Telenursing refers to "the practice of nursing over distance using telecommunications technology". Historically, telemedicine discussions have centered on consultation or other situations in which a licensed physician is in direct contact with another licensed physician, each maintaining a license in the state of practice. However, with the explosive increase in electronic nursing practice, the most typical pattern is that the nurse is direct contact with a patient.

Some might ask whether using electronic technology to provide care indeed constitutes the practice of nursing. In fact, there are those who suggest that, since electronic care does not include hands on care and that typically telephone triage nurses use physician approved protocols for reference, this practice is not in fact nursing practice. Nurse Practice Acts in all states define nursing more broadly than "hands-on care," therefore, a consensus has been reached by boards of nursing that a nurse utilizing the knowledge, skill, assessment, judgment and decision making inherent in nursing education and licensure is indeed practicing nursing.

CHANGES IN THE EXPECTATIONS OF CONSUMER

An important factor in the evolution of 21st century health care is the demand by consumers to be involved in decisions about their care. With acceptance of the World Wide Web, people have unprecedented access to

information about the diagnosis and treatment of illness, often without appropriate safeguards to determine the accuracy or efficacy of the information or mechanisms to determine whether the information is appropriate for their particular need. Popular media and literature have flooded consumers with "disease of the month" stories and encouraged greater consumer involvement in health care decisions. The result of this paradigm shift is that consumers now expect to be a participant in determining appropriate treatment. The implications of this consumerism are profound:

- Consumers will demand care when and where they want it.
- Consumers will demand to be included in decisions about their own health care
- Consumers are increasingly comfortable using technology to access health care information
- Society will expect increased emphasis on health and healthy behavior.

Any one of these factors individually might have allowed health care delivery, as well as nursing regulation, to nurture the illusion of "maintaining business as usual." However, as these factors merge into a radically reformed expectation of health care providers, the question of whether current licensure (defined as the granting of legal authority to engage in certain practices) and nursing regulation (defined as the system of laws and rules that govern nursing practice) will be able to ensure public protection within a radically different structure arises.

States do not have the ability to grant a nurse authority to practice in other states. Thus, a dilemma has been created by the collision of the historical state-based licensure system and the recent transformation of the health care delivery system that is not confined to state boundaries. With the rapid escalation in electronic practice, especially across state lines, other questions have generated intense dialogue among health care providers as well as legal experts.

One issue, as yet undecided by case law, is whether care occurs at the location of the patient, at the location of the health care provider or both. Some speculate that since medical or nursing measures are generated by the provider, care must therefore occur at the location of the provider.

THE ICN CODE OF ETHICS FOR NURSES

Nurses have four fundamental responsibilities: to promote health, to prevent illness, to restore health and to alleviate suffering. The need for nursing is universal. Inherent in nursing is respect for human rights, including cultural rights, the right to life and choice, to dignity and to be treated with respect. Nursing care is respectful of and unrestricted by consideration of age, colour, creed, culture, disability or illness, gender, sexual orientation, nationality, politics, race or social status. Nurses render health services to the individual, the family and the community and co-ordinate their services with those of related groups.

The *ICN Code of Ethics for Nurses* has four principal elements that outline the standards of ethical conduct.

The nurse's primary professional responsibility is to people requiring nursing care. In providing care, the nurse promotes an environment in which the human rights, values, customs and spiritual beliefs of the individual, family and community are respected. The nurse ensures that the individual receives sufficient information on which to base consent for care and related treatment. The nurse holds in confidence personal information and uses judgement in sharing this information. The nurse shares with society the responsibility for initiating and supporting action to meet the health and social needs of the public, in particular those of vulnerable populations. The nurse also shares responsibility to sustain and protect the natural environment from depletion, pollution, degradation and destruction.

NURSES AND PRACTICE

The nurse carries personal responsibility and accountability for nursing practice, and for maintaining competence by continual learning. The nurse

maintains a standard of personal health such that the ability to provide care is not compromised. The nurse uses judgement regarding individual competence when accepting and delegating responsibility. The nurse at all times maintains standards of personal conduct which reflect well on the profession and enhance public confidence. The nurse, in providing care, ensures that use of technology and scientific advances are compatible with the safety, dignity and rights of people.

The nurse assumes the major role in determining and implementing acceptable standards of clinical nursing practice, management, research and education. The nurse is active in developing a core of research-based professional knowledge. The nurse, acting through the professional organisation, participates in creating and maintaining safe, equitable social and economic working conditions in nursing.

The nurse sustains a co-operative relationship with co-workers in nursing and other fields. The nurse takes appropriate action to safeguard individuals, families and communities when their health is endangered by a coworker or any other person.

Provide care that respects human rights and is sensitive to the values, customs and beliefs of all people. Provide continuing education in ethical issues. Provide sufficient information to permit informed consent and the right to choose or refuse treatment. Use recording and information management systems that ensure confidentiality. Develop and monitor environmental safety in the workplace.

NURSING INFORMATICS

The implementation of information technologies in nursing care settings is on the rise. Informatics competencies are increasingly considered a basic skill for every nurse. Health care informatics has been defined as, "the integration of health sciences, computer science, information science, and cognitive science to assist in the management of health care information". Health care informatics may be decided in to specialties like:

- medical informatics,
- health informatics,
- dental informatics, and
- nursing informatics

Medical informatics refers to information technologies that concern patient care and the medical decision-making process. Health informatics refers to educational technology for health care clients or the general public. Nursing informatics refers to electronic information combined with nursing and any aspect of clinical practice, administration, research, or education. Nursing informatics is a developing field of study that is highly interdisciplinary. It is strongly connected to education, business, and computer science.

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DRUG PROFILE

Bromocriptine

First centrally acting dopamine agonist oral anti-diabetic agent, demonstrates 40% reduction in first composite CVD endpoint; increases the dopaminergic tone and regulates metabolism; reduces plasma glucose, Triglyceride (Tg) and FFA (free Fatty Acid) in fasting and postprandial states in insulin resistant patients. Bromocriptine has anti-diabetic effect without increasing the risk of hypoglycemia and weight gain, long history of bromocriptine usage worldwide has demonstrated long-term usage of this drug safe even in high doses of 4.8 mg also. Clinical Considerations when prescribing insulin. Bromocriptine qualifies as a novel insulin sensitizer because of the following attributes observed in preclinical and clinical studies. Bromocriptine : 1. Reduces weight; 2. Reduces insulin resistance; 3. Improves glucose disposal rates; 4. Reduces raised Triglycerides & LDL; 5. Reduces visceral fat. **Indications** : Bromocriptine mesylate is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type-2 diabetes mellitus in obese diabetes. It may be used as adjunctive therapy to metformin / sulfonylurea and single or dual oral hypoglycemic agent therapies. **Dosage and administration**: The recommended starting dose of bromocriptine QR is 0.8 mg daily and increased in 0.8 mg increments weekly until the target range (1.6 – 4.8 mg) or till maximal tolerance is reached. Doses should be administered once daily within two hours of waking in the morning and with food to reduce the risk for gastrointestinal adverse effects such as nausea. Studies suggest that one morning dose helped lower the usual post-meal blood sugar rise at breakfast, lunch and dinner.

Contraindications: Bromocriptine is contraindicated in patients with known hypersensitivity to ergot-related drugs, in patients with syncopal migraine causes hypotensive episode; may reflect dopamine receptor hypersensitivity. It is also contraindicated in nursing women. Bromocriptine may inhibit lactation. **Side effects**: The most common adverse events associated with bromocriptine mesylate are nausea, fatigue, dizziness, vomiting and headache. The incidence of hypoglycemia is 6.9% among bromocriptine mesylate-treated patients compared with 5.3% of patients receiving placebo. **Precautions/Interactions**: (i) Interaction with dopamine antagonists: Concomitant use with dopamine antagonists as neuroleptic agents may diminish the effectiveness of both drugs. (ii) Assess orthostatic vital signs prior to initiation of Bromocriptine and periodically thereafter. (iii) Use in patients with severe psychotic disorders is not recommended. (iv) May increase ergot-related side effects or reduce ergot effectiveness for migraines if administered within 6 hours of ergot-related drugs. (v) Extensively metabolized by CYP3A4. Use caution when co administering strong inhibitors, inducers, or substrates for CYP3A4.”