Three Important issues in Nursing

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Today, nursing is a special profession within the healthcare system which focuses on the patients, their families, and communities. The particular goal is maintaining and recovering the patient’s optimal health as well as improving their quality of life. For several decades, professional nurses have tried to improve so many issues in nursing practices, not only for their own benefits but also for the patient’s benefits. There are so many problems existing in our healthcare system. For instance, there is a nursing shortage because some nurses may leave the profession and pursue another career. In this paper, we will discuss three big issues in nursing – BS in ten, the patient-to-nurse ratio, and nurses as full partners with physicians and other healthcare providers in the United States.

The first issue of discussion is BS in ten, which emphasizes higher and continuing education for professional nurses, regardless of their entry point. It states that all nurses with an Associate’s degree should obtain a Bachelor’s degree within ten years of their initial licensure (Starr & Edwards, 2010). This particular issue has been considered a controversial topic for the last five decades since the ANA changed the entry requirement of the Baccalaureate degree as a minimum degree to register nurse practices (Smith, 2009). As the healthcare industry is growing, the requirement of nursing competence as well as educational level needs to increase to demand because of the healthcare reform and new technologies in practices such as new IV infusion pumps, ventilation machines and electronic medical record. There are increasing demands for integration between evidence-based practices and research to improve patient’s outcomes by the nursing workforce. The new era of technologies also requires effective communication and leadership skills among nurses; thus, they required more advanced educational attainment such as a Baccalaureate degree. Without higher education, the patient’s health can’t improve and may be at risk because the main goal of the Associate’s degree is clinical skill sets for patients’ needs at the bedside. The Associate program has a limited level of knowledge while the Baccalaureate program offers some other aspects of care from some courses, such as research, nursing informatics, case management, leadership skills, community health and professional nursing practice. The Baccalaureate degree teaches the professional nurse to integrate these aspects into nursing practices. With BS degree, the nurses have a broader knowledge which is essential for the creative decision-making, critical-thinking and managerial skills needed for a diverse and multicultural patient population (Smith, 2009). It also prepares the nurses for system change implementation, such as cost-benefit analysis and ethical decision making (Starr & Edwards, 2010).

Nowadays, the healthcare system is changing every day, thus society requires a higher level of education in all healthcare professionals. However, the nurses require the lowest educational level of all the major of healthcare professionals in the United States. Many other professions such as physical therapists, audiologists, speech and language pathologists, and genetic counselors, require a minimum of a baccalaureate degree for entry level into practice and have moved their requirement to a master’s degree or higher (Smith, 2009).

There are many reasons for the nurses carry out BS in ten. First, nurses with a BSN degree have higher job satisfaction, more opportunity for growth, and remain in practice longer because advanced education helps the nurses to survive in the complexity of the U.S. healthcare system with the increasingly multicultural population of the patients (Starr & Edwards, 2010). Second, the nurses need a stronger theoretical base and foundation in nursing research, so he or she can “participate in evidence-based practice, more sophisticated technologies, pharmacologic and other treatment modalities (Starr & Edwards, 2010)”. Third, the BSN program provides leadership skills which are essential for case management, and support the need for delegation (Starr & Edwards, 2010). Lastly, some studies show a direct correlation between higher levels of nursing education and better patient outcomes (Smith, 2009). Today, professional nurse’s roles have expanded wider in healthcare system, which require the coordination and facilitation between the members of an interdisciplinary team through the maximum cost-effective usage of available resources. As a result, continuing education is the best option to solve this particular issue of the professional nurses.

The second issue of discussion is the legislative nurse-to-patient ratio, for which the major consideration focus is on improving patient safety – a primary concern of the registered nurses, especially in the hospital. In order to have a deep understanding about this particular issue, we should explore some reasons that create this problem. For the past several decades, the hospitals have started the changes in their cares as well as their admission practices because of the changes in technology, payment structures, and reimbursement issues (Lewis, 2005) Thus, the hospitals admit only the sickest patients during the most acute phase of their illness or injury, making the hospital patients sicker than average compared to 15 years ago (Lewis, 2005). In addition, more UAP was hired by many hospitals that the register nurse had to train and supervise (Lewis, 2005). These are two big reasons that increase the work intensity for hospital nurses. As a result, shortened hospitals stay, higher acuity levels, and an increase in number of admissions and discharge increase nursing care requirement in the hospital settings (DeGuzman, 2008). The patient outcomes and quality of care are decreasing significantly in the hospital settings because of the nursing shortages. Higher nurse workloads may create more patient complication, death and even medical error because the nurses are so tired to work at a competent level (DeGuzman, 2008). Thus, the legislative nurse-to-patient ratio is the best resolution. It mandates a specific number of nurses on different units. For instance, the nurse-to patient ratio in ICU and labor/delivery is 1:2, while the ratio in the medical unit is 1:5. Many researches state that adequate number of nurses is linked to better patient outcomes, such as lower levels of hospital-acquired infections, lower level of fall, and lower levels of other complications. Adequate staffing number also increases the patient’s satisfaction during their illness period because the nurses have more time to interact with patient and their care activities. The nurses also have more time to assess and teach patients certain skills which they need before discharge. As a result, the legislative ratios improve patient safety and quality of care for patients and their families in various healthcare settings.

The last issue of discussion is one of the topics from the IOM Report. It states “nurses should be full partners with physicians and other health professionals, in redesigning health care in the United States.” According to the IOM report in 2011, professional nurses are considered the largest members of the healthcare system with more than 3 million members. However, some barriers in the old healthcare system prevent the professional nurses from participating in the rapid changes of U.S. health care settings. Thus, the IOM report identifies four important messages that give the professional nurses power to overcome these barriers during the transformation of the healthcare system. Because the nurses play an essential role in patient’s care plan, they should be full partners with other health professionals throughout coordination and facilitation with other members of the team. Today, nurse’s role is more complex because they are not only carrying out the physician’s orders but also carrying out delegation to UPA or LPN. The nurse is the first person who recognizes the positive and negative change in patient’s conditions. Thus, the nurses should be able to work independently and make an effective decision which will benefit the patient’s condition. For instance, if the patient complaints of pain, the nurse should assess and report promptly to the physician. Nursing care is considered as teamwork, in which every member works together to meet patients’ demands and improves outcomes of patients’ illness (Gerrisk, 1999). In order to achieve these transformations, the nurses should start to see themselves as full partners of the interdisciplinary team.

On the other hand, the professional nurses should also develop new sets of skills which are advanced knowledge of evidence-based practices and patient safety, effective care delivery models, ethical decision making, and cost effective management. The nurses should also have strong leadership skills to guide their subordinates effectively in patient care as well as create a strong influence in their organization. Both nurses and physicians should work together in a collaborative manner for the patient’s benefits. The traditional relationship between physician and nurse should be eliminated to achieve a new teamwork model. The sense of empowerment through collective voices on nursing issues and acting with greater autonomy provides the professional nurses with more opportunity to contribute in future care (Gerrisk, 1999).

In conclusion, continuing education is one way to alleviate some active issues of nursing because higher education may improve patient outcomes as well as quality of care. Higher education helps the professional nurse gain more respect from other healthcare professions. The nurses also develop an essential skill for the effective communication, not only with patients but other members of an interdisciplinary team as well.

References:

DeGuzman, P. (n.d.). Legislated nurse staffing ratios: What you need to know. (2008). *Virginia*

*nurses today*, *16*(1), 3.

Gerrisk, K. (n.d.). Teamwork in primary care: An evaluation of the contribution of integrated

nursing teams. (1999). *Health & social care in the community,* *7*(5), 367-375.

Lewis , K. (n.d.). Nurse-to-patient ratios: research and reality. (2005). *New England public policy*

*center and the Massachusetts health policy forum*, (25), 1-19.

Smith, T. (n.d.). A policy perspective on the entry into practice issue. (2009). *The Online Journal*

*of Issues in Nursing*, *15*(1), Retrieved from http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol152010/No1Jan2010/Articles-Previous-Topic/Policy-and-Entry-into-Practice.html

Starr, S., & Edwards, L. (n.d.). Why should I get a BSN? (2010). *Tar Heel Nurse*, *72*(3), 10-12.