Three of the Most Important Issues in the Profession of Nursing Today

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The American healthcare system is undergoing rapid and significant changes due to evolving technologies, disputes over healthcare costs, and increased lifespans. As a vital part of the healthcare system, nursing has to keep up with these changes as well. These three matters are all connected to each other. Progress in medical technology has prolonged patients’ lives, but living to an older age means having to deal with rising medical care costs for much longer periods of time. The rapid changes that these matters are causing have all led to an increased demand for well-educated healthcare practitioners with up-to-date training. Thus, this paper will explore the influence of nursing education, the implementation of advanced technology such as telehealth and telenursing, and the mandatory minimum staffing ratios on the quality and cost of health care.

In the 21st century, due to the augmented complexity of the healthcare system and the increased influence of nursing practice on community and public health, nurses have to be educated to the baccalaureate level to achieve optimal patient outcomes. An important step in improving healthcare is making sure that a greater number of nurses progress to this degree early on in their careers. The Institute of Medicine of the National Academies (2010) recommends academic nurse leaders from all schools of nursing make a joint effort to increase the number of nurses with baccalaureate degree to 80 percent by the year 2020. These nurse leaders should collaborate with private and public funders, universities, and employers to guarantee financial support for the nurses. They should also closely observe their progress, tweak programs to correspond with alterations in healthcare, and enhance the variety of subjects taught to generate employees who are prepared to meet the demands of diverse populations (Institute of Medicine, 2010).

In many countries, such as England, Canada, Australia, and the Philippines, the Bachelor of Science in Nursing (BSN) has already been an entry-level requirement for many years. Now, the United States of America is also moving toward this proposed recommendation. Changes in the system are always difficult to accept, particularly changes that require long and hard work, and so there may be some resistance in implementing this proposed recommendation. However, I think that the IOM call to increase the number of nurses with BSN degrees up to 80% in the next few years will provide nursing practice with even higher standards. I understand how hard it is for nurses who were working in the field for years to come back to school to obtain their BSN; thus, health care organizations should support nurses in this decision by offering tuition reimbursement, providing salary differentials, and promotions as incentives for them.

A raise in the amount of nurses with a BSN is necessary to move the nurses to a more expanded number of competencies, such as leadership, research, domains of community and public health, and health policy (Institute of Medicine, 2010). Nurses with higher education levels are able to “function with greater independence and autonomy in their clinical decision making,…assume leadership roles within integrated systems, act as co-coordinators of care services, educators, and supervisors for other care providers” (Way & MacNeil, 2007, p. 164). The research shows that nurses with BSN degrees have better patient outcomes. They have lower chances of surgical patients dying within 30 days of admission and their rate of failure to rescue is lower (Aiken et al., 2003). This indicates that years of hospital nurse experience is not a major predictor of patient mortality after taking education into consideration.

Currently, only 50% of nurses have a bachelor's degree (American Association of Colleges of Nursing, 2012b). To increase the number of nurses with bachelor's degree to 80% is somewhat challenging because of several existing barriers. First of all, many states are experiencing a nursing shortage, and so nurses with associate degrees are still in high demand. Additionally, the American Association of Colleges of Nursing (2012a) had to turn away 75,587 eligible applicants from baccalaureate and graduate nursing programs in 2011. The budget limitations to train new nursing faculty, increase teaching resources, provide clinical sites for training, and upgrade nursing school infrastructure make this problem real and hard to deal with. However, the main cause for denying qualified students admission into BSN programs is a shortage of faculty. These circumstances must to be overcome to ensure nurses are able to receive the education necessary to succeed.

The need for proper nurse to patient ratios is another important issue in healthcare. According to Huston (2010), some studies suggest a connection between the increased number of RNs in the staffing mix and improved patient outcomes. For example, a study of acute myocardial infarction patient and surgical failure to rescue patients discharged between 1993 and 2001 from 343 California hospitals found strong relations between higher nurse staffing and reductions in acute myocardial infarction mortality (Sochalski et al., 2008). Additional experimental findings also show that there is a “correlation between BSN program-prepared nurses and reduced mortality among surgical patients as well as professional behaviors important to patient care, such as critical thinking, professionalism, and creativity” (Delaney & Piscopo, 2007, p. 167).

A study conducted by Aiken et al. (2002) showed that there is a direct connection between nurse to patient ratios and mortality rates from preventable complications. It showed that inadequate numbers of nurses place the public at risk (Huston, 2010). The study found that having six patients per nurse, rather than four, would result in an additional 2.3 deaths per 1,000 patients and 8.7 additional deaths per 1,000 patients with complications. Staffing at eight patients per nurse rather than four was expected to entail five excess deaths per 1,000 patients and 18.2 complications per 1,000 patients. Additionally patients had 31 percent higher chance to die within 30 days of admission (Aiken et al., 2003).

A meta-analysis of twenty eight studies (Kane et al., 2007) found that reduction in hospital-related mortality in intensive care units and in surgical and medical units was linked with increase in RN staffing. In addition, when extra full time equivalent RNs were added, the number of hospital-acquired pneumonia, respiratory failure, unplanned extubation, and cardiac arrest cases declined, as well as did failure to rescue in surgical patients in intensive care units.

On the other hand, there has also been research which did not show a correlation between mandatory staffing ratios and better patient outcomes. A study of the effects of mandated nursing ratios in California on the incidence of falls and the prevalence of hospital-acquired pressure ulcers anticipated improvements in patient health but ended up finding none (Burnes Bolton et al., 2007). These conflicting results are one reason the decision to implement mandatory staffing ratios remains controversial. Another reason is budgetary concerns.

A problem associated with mandatory staffing ratios is the cost of hiring new nurses, which will be needed for the higher, mandated ratios. This cost will not be compensated by additional payments to the hospital, resulting in mandates being unfunded. The overall cost of care would increase dramatically (Welton, 2007).

The implementation of advanced technologies is partly helping to deal with these nursing shortages at a lower cost. These technologies, in particular telehealth and telenursing, are changing the profession of nursing today. Telenursing has been added to nursing practice as a way of providing electronic care to patients at a distance using telecommunications (Lorentz, 2008). The value of telenursing to both nurses and patients is incredible. With telehealth technology, nurses are able to practice even if they are located at a physical distance from their patients. Telehealth nurses are especially helpful and beneficial for elderly patients with mobility problems, patients with debilitating health conditions, and patients living in rural areas where little or no healthcare is available (Lorentz, 2008). While the nursing shortage still exists and clinical resources are limited, telehealth and telenursing help improve quality of care, provide added safety for patients, and control costs associated with healthcare. Research studies confirm that programs which combine face to face education with telehealth monitoring reduce hospitalizations for patients. Such the study conducted by Peters (2008) has show patients with heart failure reduce their need for hospitalization by 17% through the implementation of telehealth programs.

Telenursing practice makes it possible for nurses to monitor patients more frequently because visits do not require time for traveling to healthcare facilities by the patients or to patients’ homes by the nurses. Home-visiting nurses stated that 40% of their 1.5 million annual in-home visits do not involve hands-on care and could be replaced by telenursing (Lorentz, 2008). As a result, telenursing can increase efficiency in the healthcare delivery and provide huge savings in healthcare cost. Continuing development of new technologies provides unlimited possibilities in the future of nursing care.

The three issues discussed in this paper are essential components in the discussion of the nursing profession as it stands today. The population is growing quickly and living longer than ever, meaning having plenty of skilled nurses is incredibly important. To properly take care of all these people, we must make sure to equip our nurses with all the resources they need to provide optimal levels of care. This means following the IOM recommendation and having 80% of nurses with a BSN by 2020 and making sure each nurse has a small enough caseload to be able to devote quality attention to each patient. The further development of telenursing technologies is also vital in more effectively utilizing nurses and patients’ time and in improving the reach of healthcare professionals. With improvements in these three categories, we will be able to provide a high standard of care for the ever-changing world.

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