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A CURRENT REVIEW ON FUTURE CHALLENGES OF NURSING

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ABSTRACT

Many factors contribute to nurse dissatisfaction and subsequent turnover and burn out. In light of the current nursing shortage, it is essential and cost effective to retain nurses in their specific jobs and within the profession. There is no single, simple reason or solution for professional staff nurse turnover. Some of the current contributing factors to staff nurse dissatisfaction and satisfaction will be discussed in an effort to discern ways to promote staff nurse retention. Nursing profession face incredible challenges in caring for patients and their families after a trend of the continued decline in nursing school enrollment, the nursing shortage, and increasing staff nurse dissatisfaction with the current workplace environment.

Key words: Challenges, Issues in practice, Work place.

INTRODUCTION

Beginning of Profession

By the late 1800s, the professionalization of nursing was well under way. In 1873, New York City's Bellevue Hospital became the first in the country to establish a program of nursing education based on the Nightingale model. New Haven Hospital and Massachusetts General Hospital quickly followed. Between 1890 and 1900, about 400 training schools for nurses opened across the country[1]. These hospital programs offered diplomas in nursing and an apprentice-style education in which students cared for patients in hospitals under the tutelage of a nursing supervisor. Throughout the ensuing decades, states refined their legal definitions of nursing. Legal scholar Barbara Safriet documented that early medical practice acts were written so broadly that they precluded other professions from claiming health care roles that were independent of physician supervision[2]. This issue has been central to nursing's battle for independence and authority over its own practice. After World War I, the nation confronted a shortage of nurses and continuing problems with the lack of standards for nursing education. Nurses had died while caring for people who took ill during the influenza epidemic of 1918, and hospitals expanded diploma nursing programs with little regard for the quality of the education. In 1919, the Rockefeller Foundation funded a Committee for the Study of Nursing Education. The Committee's report, issued in 1923 and known as the Goldmark Report, was critical of hospital training programs and called for a separation of education from service and moving nursing education into universities[3]. Following World War II, more women (and a few men), often from families of little means, enrolled in universities to be educated as nurses. They were supported, in part, by the GI Bill and, later, by the federal Nurse Training Act of 1964[4]. The funding enabled them to enter a profession and the middle class. There was also a need for nurses with a stronger foundation in the sciences. As the education of nurses moved into colleges and universities, nursing faculty had to meet academic standards. In the 1960s, the federal nurse- scientist program provided support for postgraduate nurses to obtain doctorates in fi

elds such as physiology, psychology, anthropology, and sociology [5]. These nurse- scientists led the profession's efforts to build its scientific base. The women's movement and social upheavals of the 1960s and 1970s encouraged nurses to seek the education and authority commensurate with their greater responsibilities. Baccalaureate and master's degree programs prepared registered nurses who resisted the outdated role of the nurse as the physician's handmaiden and aimed at claiming control over their profession. They carved out their own sphere of practice and developed new roles, including clinical nurse specialists and nurse practitioners. Throughout the years, nursing practice has evolved along with advances in science and technology. Nurses have been key to making modern, high- tech hospitals more hospitable. It can be argued, however, that caring for patients has shifted from creating conditions for patients to heal the purpose of nursing as defined by Nightingale to tending to machines that monitor patients and deliver therapies. In fact, the worst of hospital nursing today loses sight of the patient in the maelstrom of modern- day medical and technological complexity. The best of nursing keeps the patient as the focal point and seeks to integrate the various technologies that have become markers of acute care institutions. The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or a peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge.

The crisis extent:

Though few use the word crisis to describe the nursing situation in India. No doubt that major issues of quality and quantity exists [6]. Today qualified nurses and midwives are in short supply. With migration, chronic under funding, growing service demands and growth in private sector health care, there is an estimated nursing shortfall of nearly 45% [7]. As well, a WHO 2007 contends that 7.5% of nurse/ ANM positions in rural areas are vacant [8].

Accurate data is difficult to obtain, as most states in India have no system of registration of nurse. Furthermore, only an estimated 40% of registered nurses are considered to be active due to low recruitment, migration, attrition and drop cuts due to poor working conditions in the field [9]. The shortfall is more evident in public sector. Because of the limited regulation of the private sector.

Because of the limited regulation of the private sector, it is not clear that they are experiencing the impact to the extent of the public sector. In part this can be explained by the fact the private sector (particularly small clinics and hospital that make up the bulk of private care) hire few qualified nurses.The shortfall of nursing is for both service and education [10].

According to the President of the Indian Nursing Council (INC), funds have been allocated to states to add 200 diploma ANM schools as well as 50 colleges and some post graduate institutions. As well, each state is to have a Centre of Excellence with post basic training and speciality programmes. Funds are also being allocated to ensure continuing education and Training of Trainers (ToT) programmes are available. There will be training education and administration as well as specialties. There will also be regional institutions forevery 10 states. Funds are also available to increase the government and council staff in each state (nursing officers, administrative staff, etc) and to develop databases [11].

Issues in Practice:

Leadership, weak administration, regulation, issues of supervision, work environment, nurse patient ratios, scope of practice and career paths characterize the issues in this setting. While attention is being paid to rural care and maternal child health, there appear to be little focus on quality of care in urban areas and particularly in public facilities. Large private hospital corporations, on the other hand, are interested in quality of care in urban areas and particularly in public facilities. Large private hospital corporations, on the other hand, they are interested in quality assurance schemes such as ISO and National accreditation as part of their marketing strategy. National accreditation and the Indian public standards (IPHS) are available. As well, national health systems resource centre is looking at ISO accreditation for community and primary health centres (CHC & PHC) and district levels as the IPHS say little re quality [12].

Role and responsibilities of nurses are not clearly define and much of their time is spent in non-nursing tasks. Staff nurses working in PHCs and CHCs are licensed to conduct normal deliveries. But, in most hospitals and health centres visited as part of the ANS study. They were not optimally utilized for midwifery services, as it is reported that doctors prevent nurse midwives from carrying out deliveries.

Interviews with staff nurses indicated a desire for in service training as well as guidance and supervision from senior nursing staff. They also highlighted the need to have dedicated ward staff and dedicated administrative staff [13].

For the nurses providing patient care, there are high workloads, few incentives, no career path to speak off and a heavy reliance on students to assist with care. At the same time there are no preceptors and rarely is faculty on the wards, which leaves staff to supervise students on all shifts [14]. Nurses are doing clerical rather than clinical work a good part of the time and may be poorly

supervised. There is also issues of absences as well as that of low morale. The latter can be blamed on workload, lack of respect, lack of career paths and pay structures [15]. The status of the profession is increasing but the nurse is still largely seen as an assistant to the physician. However, there are few posts and promotions are based on seniority.

About 95% of general nurses stop at head nurse are paid better in the public sector, But, Both sectors have little in service and in career progression though this varies by state.

Nurses should see the increase early this year. Retention seems not to be considered as issue a side from degree nurses who are highly exportable. According to one respondent, some have worked in this institution for 15-20 years. Where younger staff are more interested in courses to upgrade and migrate and tend to stay an average of 3-4 years [16].

Nurses are family oriented so likely to remain if the hospital is close to home. The issue of maternal and infant mortality and the role of ANMs were raised by several key informants. This is clearly an area where better utilization of nursing personnel is key to successful addressing dire state of affairs. Nursing councils are largely headed and controlled by administrators in charge of medical and health services. Nursing councils were found to be week in autonomy, infrastructure, staffing and support. They do not enjoy professional autonomy, and authority in practice.

Future of nursing report:

The four key messages that structure the recommendations in the future of Nursing include:

- Registered Nurses (RNs) should practice to the full extent of their education and training; scope of practice limitations should be removed. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners with other healthcare professionals in redesigning health care in the United States.
- Effective workforce planning and policy making require better data collection and an improved information infrastructure.

Scope and Factors involved:

Addressing the faculty shortage by creating salary and benefits packages that are market competitive. Enhancing new nurse retention by implementing transition-into-practice nurse residency programs. To develop strategies to address the nursing shortage, as well as enhance the expertise of the nursing workforce, to reduce practice errors, and to minimize the burnout caused by stress faced by nurses entering the profession. New graduates have difficulty adjusting to their roles in the acute care setting and are often not supported by preceptors and others providing orientation and training. Healthcare employers perceive that newly licensed registered nurses are not fully prepared to perform common tasks in a basic practice setting. On average, nurses complete their doctoral degree at the age of 46, which significantly shortens their faculty or research career as the average age of retirement is 62.5. While other professionals work 30-40 years after receiving a doctoral degree, nurses only have about 20 years to continue working. The future healthcare system must include high-quality, cost-effective care that is delivered by a team of qualified health professionals who are utilized to the full scope of their education and training. This will depend on many factors, one of the most critical being the adequate supply of health professionals. To achieve this end, there must be an increased investment in the right mix of highly educated providers, including nurses who are prepared to fill clinical and leadership roles. The correct mix and team-based approach will create a patient-centered system in which the providers complement each others skills and knowledge. Therefore, education of health professionals will need to be integrated where team-based learning occurs during clinical education. Health reform demands a system that is evidence-based, cost-effective, and offers the highest quality of care. New models of care delivery must be innovative in order to attain these goals, and the team of health professionals providing this care must be highly-educated and possess advanced skills. This new paradigm presents a unique opportunity for the nursing profession to fill new leadership positions and leverage its strengths in team-based roles.

Registered and Advanced Practice Registered Nurses:

This aspect of her work, this part of her function, she initiates and controls; of this she is a master [17]. To qualify as an RN, one of several possible educational programs must be completed: a diploma hospital program; an associate degree program (usually provided by community colleges); a college or university baccalaureate program; or a direct- entry master's degree program that bypasses the baccalaureate degree for people with bachelor's degrees in other fields. Advanced practice registered nurses (APRNs) are RNs who have received additional edu- cation to expand their scope of practice. Nurse practitioners whose practice may include the assessment, diagnosis, and treatment of disease, albeit with a nursing lens that focuses on patient needs, health promotion, and s elf- care management.

Nurses' Employment: Where Nurses Work (and What They Do)

The majority of RNs worked in hospitals[18].

This will decline if the nation shifts from an emphasis on acute care to health promotion and chronic care management. Of RNs, some work in ambulatory care; some in public health or community health settings, including home care; in long- term care facilities; in school health; in nursing education; almost in "insurance claims and benefits"; less than 1% in occupational health; and in a policy, planning, regulatory, or licensing agency[19].

Hospital Nursing

Surgical first assistants in the operating room; clinical nurse specialists who provide specialty consultation on diabetes, wounds, and myriad other clinical conditions; nurse anesthetists who provide perianesthesia care in both inpatient and outpatient departments; and nurse practitioners throughout the hospital. Nurse managers or administrators oversee patient care units (formerly called nursing units) and are responsible for managing scores of staff members and multimillion-dollar budgets for personnel, supplies, and equipment. Because of their clinical, management, and business acumen, nurses can be found in the roles of chief operating officer or chief executive officer in hospitals and health systems. Nurses also hold key positions in quality and performance improvement departments, infection control, employee health, and other departments.

Primary and Ambulatory Care

Nurse practitioners perform comprehensive health assessments, diagnose and treat disease, suture wounds and do other technical procedures, and engage in all of the activities

Home Care

They provide treatments such as complex dressing changes and administration of intravenous therapies; teach patients and family caregivers to manage their own care; communicate with other health care providers about patients' conditions and coordination of care; and oversee the need for and performance of unlicensed home health aids[20].

Public Health and Community Nursing

They provide personal and illness care to the uninsured and Medicaid populations, conduct maternal–child health screenings, make follow- up home visits to at- risk patients, run clinics to screen for and treat infectious diseases and collaborate with other workers to stop their spread, provide immunizations, provide essential emergency services. in natural and man-made disasters.

School Health

School nurses also play a crucial leadership role in schools and as first responders during disasters.For example, Mary Pappas, a school nurse in New York City, reported to the health department a sudden and dramatic increase in students with symp- toms of the flu. This was the first outbreak of H1N1 in the city; her swift action helped contain the spread of the virus [21].

Long-Term Care

Continuing problems with the quality of care in long- term care facilities have led to calls for better training and supervision of nursing staff and for better enforcement of governmental standards for staffing[22].

CURRENT ISSUES AND CHALLENGES

A Shortage of Faculty. With pressure on the profession to increase the numbers of new nurses, new schools of nursing have opened and existing schools have expanded their program offerings and capacity. But the supply of nurses qualified to fill faculty positions is inadequate to meet the demand.The shortage of nursing faculty is related to three factors: the supply of available faculty, their educational preparation, and productivity[23].

Supply of Faculty

The average age of nursing faculty is 53.5 years, [24] so retirement is looming for many and promises to exacerbate the faculty shortage. Their salaries often pale in comparison with those of nurses in clinical settings, as well as with what faculty in medicine, law, and business earn[25].

Education

Even if faculty salaries are improved, an insufficient number of graduate level nurses are prepared to fill existing vacancies, and the pool of baccalaureate prepared nurses who may eventually obtain advanced degrees is insufficient to ensure adequate numbers of qualified faculty in the future[26].

Productivity

Changing how nurses are educated could improve the productivity and efficiency of nursing faculty. Nursing's approach to educating students has changed little over the last half century[27].

Clinical experiences require a faculty member to supervise no more than eight to ten undergraduate nursing students, making this part of the curriculum expensive and faculty intensive.

Difficulty of Retaining Nurses

Nursing will never be able to attract and retain enough nurses unless fundamental improvements are made in work environments, staffing ratios, and nurses' roles. This is particularly true for hospitals and long- term care facilities.

Nurses intentions to stay in their jobs,even new nurses may not last long in hospitals. Almost 88% of all nurses start their careers in hospitals, regardless of future ambitions [28]. Hospitals are seen as the place for gaining the necessary experiential knowledge of practice. But a new graduate is hardly prepared for the realities of practice[29]. APRNs improve access to care for homebound elderly[30], nursing home patients [31], low-income pregnant women[32], and people living in rural areas[33] . They reduce length of stay and cost of postoperative cardiovascular care[34]and neonatal care [35]. Clinical nurse specialists have reduced the rate of smoking among people with respiratory disease[36]. Nurse anesthetists provide most of the anesthesia care to underserved populations in rural America and augment the surgical capacity of major academic medical centers in all areas of the country [37]. Nurses can and will build upon a rich legacy of innovations and commitment to promoting the health of individuals, families, and communities[38].

CONCLUSION

In India, lack of leadership, weak administration, poor regulation, and issues of supervision, work environment, nurse patient ratios, scope of practice and career paths characterize the situation in India.The federal government is now allocating resources to strengthen nursing in each of the states through scaling up education and adding state nursing councils and government nursing staff.

For the past decade, nursing research has provided the evidence that education does make a difference in clinical practice. These studies demonstrate that nurses who hold a baccalaureate degree have better patient outcomes such as lower mortality and failure-to-rescue rates. Additionally, the research indicates that nurses with a Bachelor of Science in Nursing (BSN) are more proficient in their ability to make nursing diagnoses and evaluate nursing interventions as well as demonstrate improved professional integration and research/evaluation skills.

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