

The Future of Nursing: Assumption of New Roles and Responsibilities

Carlos Alberto Díaz^{1*} and Rodrigo Alberto Castilla²

¹Sanatorio Sagrado Corazón, Public health, Health Economics and Management Specialisation, Universidad ISALUD, Buenos Aires, Argentina

²Health Economics and Management, Sanatorio Sagrado Corazón, Buenos Aires, Argentina

*Corresponding author: Carlos Alberto Díaz, Physician, Medical Manager at Sanatorio Sagrado Corazón, Public Health Specialist, Director of the Health Economics and Management Specialisation, Universidad ISALUD, Buenos Aires, Argentina, Tel: +549115750763; E-mail: carlos.diaz@sagrado-corazon.com.ar

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Abstract

At present, we are facing a conflictive incoherence between the importance of nursing as a profession, and the social-institutional-political-organisational-economic recognition the nurses actually receive, in spite of the academic improvement. This dilemma seems to be caused by the absence of health as a whole in the political agenda, the health's system fragmentation, low salaries, lack of collective bargaining, and other sociocultural factors. The future of nursing will be based in management. Professional spaces will need to be amplified; new skills and competencies will need to be developed. Leadership, communication, efficiency, should be key factors. Finally, there will not be any future without professional growth and long-term careers, and an improvement of work conditions and economic remuneration.

Introduction

In our region, we are at present facing a dilemma over the conflictive incoherence between the importance of nursing as a profession, and the social-institutional-political-organisational-economic recognition the nurses actually receive. Nursing's essence, its identity, does not match its social image, which still remains full of stigmas [1]. This inconsistency is mainly based in the fact that health's politicians, managers, unions, and even nurses, have not cared enough about improving or dismissing this social contradiction. Collière [2], more than twenty years ago, already depicted the relevance of the nurse's role: "the nurses ensured life's continuity, helping us through their care, to face life and death, in an underestimated sociocultural background".

A gap has been created between the relevant role the nurses' play, through their professional care, in the patients' clinical results, and the years of education required to train and acquire these skills. Therefore, there is a gap between the professional development and the economic recognition, which is usually lean.

Although professional education, training and academic improvement has been enriched in the last decades, these upgrades were not able to change the society's unfavourable opinion about nursing. Since 1969, the continuous growth of nursing as a profession has set an example, mainly due to the establishment of a bachelor's degree, and the institutional mandatory matriculation, which guarantees the quality of the nurse's skills and abilities. However, the lack of professional nurses in the region and the local traditions have caused these new rules and achievements to become flexible, allowing auxiliary workers to replace the nurses' roles.

Nursing is of the utmost importance for health management [3]. Their functions include the detection of clinical deterioration, transitional care and continuity assistance of high complexity patients [4]. They replace the autonomy lost by the patients, not only in hospital units but also in home-care. During hospital stay, they prevent infections, skin ulcerations, medication errors and falls.

The nurses' integration to the multidisciplinary health teams has enhanced institutional management by providing a humanistic vision, with a close proximity to the patient. Their knowledge has evolved substantially, and presently includes clinical communication, care technology and information management [5]. Nursing as an economic good is a rare but valuable asset, in contrast to other modern, positivists, professions, in which sacrifice and abnegation are virtues of only a few individuals [6]. In spite of the central position that nursing has in every health system, which includes care, control, treatment, assistance continuity and transition between levels of care [7], society has not rewarded them with appropriate remuneration or work stability. In Latin America, this lack of recognition is emphasized. Society seems to be unaware of the nurses' true identity.

In Argentina, the number of health professionals exceeds the minimum proposed by WHO in the Toronto call: 25 per 10,000 inhabitants [8]. However, there are more physicians than nurses, resulting in a nurse/physicians rate below one. The country is actually in need of 80,000-90,000 professional nurses, and a greater number of matriculated nurses. Therefore, in order to solve this situation and match the international standards of an integrated health system, approximately 15,000 nurses should be graduating each year, for the next 8 years [9-12].

The nursing profession is usually biased by certain identifiable conflicts [13]: low salaries, moonlighting, burn-out, and inadequate work structure or equipment [14]. These are often aggravated by sleep deprivation [15], fatigue [16,17], exposure to biological, chemical and physical hazards, and musculoskeletal diseases caused by physical effort [18]. In addition, nursing profession is in disadvantage, due not only to the global lack of nurses [19], but also because of their over-assignment to tasks that could be performed by less educated people, their reduced esteem in health's multidisciplinary teams, and the irrational productivity increase which health institutions' managers constantly demand. The consequence of these factors is an unattractive career for students, whose concerns about work conditions have been on the rise for many years.

The urgent need to reduce assistance costs makes it impossible for health managers to overlook several contingency strategies. One of these is the increase of the number of patients assisted by one nurse. However, it can lead to worse results in patient morbimortality, which would be a diminished marginal return. The austerity measures being applied in the health systems' redesign are impoverishing the clinical results [20]. The RN4CAST project studied the difference in nurse per patient rates and nurse education in nine countries. Data was obtained from the clinical history of 422,730 patients over 50 years, which were surgically intervened. The study results showed that the risk of mortality in the first 30 days after hospital discharge had been higher in the group of patients in which a nurse was assigned to care for 8 patients, compared with the group in which a nurse was assigned to care for 6 patients. Besides, the risk of mortality had been reduced 10% in groups which were assisted by a graduated nurse, and an extra 10% if the institution on which the patients were staying had over a third of their nurses graduated. These results prove that the nurses' education and the number of unqualified personnel have statistical significance in the patients' clinical results [21-23].

The Argentinean health system's fragmentation, which has insufficient work offer, forces professionals to search for the better paid and less exigent alternatives. This quest generates an unfair competence between co-workers, which tend to lose the sense of compromise of an individual with an institution. Proofs of this lack of bonding are the high absence rates seen across the country, from 8% to 22%, which amplifies the workload and creates a greater human resources deficit.

The mentioned data should lead to a thorough analysis of which ought to be the conditions offered to the nurses in order to create a healthy work ambient. The resulting strategy should be especially focused in avoiding the need to moonlight. A discussion is nowadays being held over a proposal for the reduction of the nurses' daily workload from 8 to 6 hours. Although this motion could benefit professionals who, being used to have at least two jobs, would spend 12 hours working instead of 14, it would be a better alternative to consider a well remunerated 8 hour workload. The road we are now treading is one towards complete failure for everyone involved: nurses, employers, financiers, and even the country, because of an increased deficit caused by production direct costs' or adverse events [24].

The new roles and responsibilities nursing must assume to properly adapt to the modern and future society will now be listed [25]:

1. **Service's process management:** definition and standardisation of patient care. Sequence description. Identification of wasted time and unnecessary activities [26].
2. **The 5 key fields' management:** a) administrative and accountancy office; b) human resources; c) leadership; d) efficient use of resources; e) trustworthy corporate image. Nurses will have to supervise the exchange of intermediate products, in order to guarantee an appropriate hospital stay, care transition and continuous assistance, therefore assuring economic efficiency [27,28].
3. **Creation of a new professional space:** Nurses will have to be in a continuing education cycle, redefining and revising their skills in order to adapt to the never ending changes our dynamic society imposes. This ability will lead to empowerment and a more relevant role in decision-making in health institutions [29,30].
4. **Care management of acute and chronic conditions in all complexity levels** [31,32]: even home care, with focus on chronic

conditions, in which an improvement of production is mandatory.

5. **Pre-discharge education and enforcement of the patients' family role as caregivers:** Major involvement in care transition programs and discharged patients' follow-up.
6. **New education strategies and chronic disease screening:** Proactive participation in primary and secondary prevention and health promotion.
7. **Continuing education** in nursing skills, patient safety, skin care, check-lists, bundles, hand hygiene programmes, information and communications technologies, etc [33,34].
8. **Work conditions' improvement** [35]: removal of tasks not meant to be performed by nurses. Strategic scheduling in order to enlarge the time spent with patients and to add extra academic activities. Moonlighting prevention. Reduction of absence rates, violent incidents, work-related risks, institutional bullying.
9. **Major multidisciplinary and research teams' integration** [36]: Approach and diffusion of the latest scientific evidence. Nursing team image boosting.
10. **Assistance standardised processes design:** Impulse of institutional quality measures and patient safety culture.
11. **Advanced nursing skills development and practise:** ambulatory and primary level nursing consultancy, triage, supervised prescription, chronic patients' follow-up, sanitary education, end of life cares, pressure ulcer and wound care treatment and management, pharmacological interactions' evaluation [37-39].
12. **Health policies and tendencies comprehension:** epidemiological and demographic transitions, global burden of disease, etc (Figure 1).

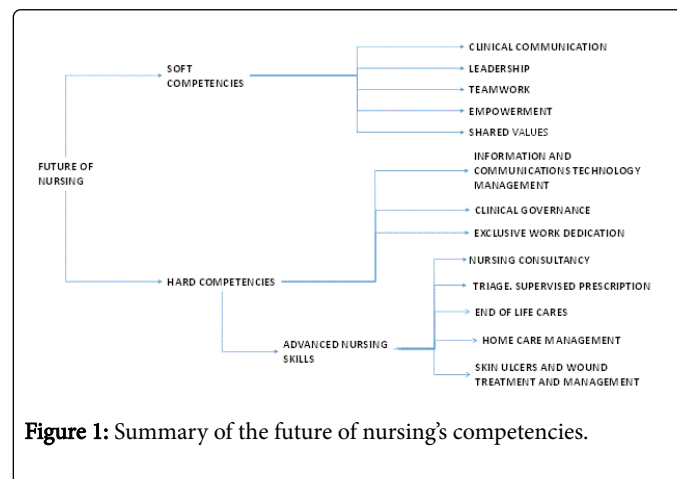


Figure 1: Summary of the future of nursing's competencies.

Conclusion

Nowadays we are facing a conflictive incoherence between the importance of nursing as a profession, and the social-institutional-political-organisational-economic recognition the nurses actually receive, in spite of the academic improvement. This dilemma seems to be caused by the absence of health as a whole in the political agenda, the health's system fragmentation, low salaries, lack of collective bargaining, and other sociocultural factors. However, the most worrying issue seems to be the perception that nursing leaders and health managers have not been working hard enough to find a solution.

The future of nursing will be based in management [40]. Professional spaces will need to be amplified; new skills and competencies will need to be developed. Leadership, communication, efficiency, should be key factors. Finally, there will not be any future without professional growth and long-term careers, and an improvement of work conditions and economic remuneration [41].

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