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The nurse's role in delivering high-quality healthcare and the role of technology in providing better care

Surendra Dadheech

Assistant Professor, Department of Medical-Surgical Nursing, Teerthanker Mahaveer College of Nursing, Teerthanker Mahaveer University, Moradabad, U.P.

Abstract---High recovery rates, fewer errors, and better results all around are associated with high quality of care (QOC). It is critical to comprehend the consequences for nurses' QOC given the many social and professional ramifications of how they view the nursing profession (NP). The study's objectives were to determine whether there was a correlation between nurses' QOC and their self-perceptions of nursing and whether there were any differences between men's and women's perceptions of nursing (NI). Nurses felt more motivated and satisfied at work than patients did. Patients' evaluations of these characteristics were strongly linked with the length of their hospital stay and whether or not they were accompanied by relatives. Developing important caregiving skills may enhance the delivery of EoL care for critically ill patients & their families. Although further study is needed, emergency medicine nurses play a critical role in the administration of effective EoL care. It is known that in order to better their expertise in planning and delivering EoL care, critical care nurses need educational opportunities. To close a knowledge gap about the needs of nurses trying to support patients and family members during a trying time, it is vital to inform the evaluation of the existing End - of - life quality care in delivery.

Keywords---EoL, patients, healthcare, quality of care (QOC).

Introduction

Healthcare administrators' primary priority is providing high-quality treatment to the satisfaction of both customers (patients) and providers (workers) [20]. The motivation and job satisfaction of nurses is evaluated from both the nurses' and the patients' perspectives in the current study. Providing high-quality treatment to individuals in need is a constant challenge for healthcare organizations all around the world. In a world where there is financial austerity, expenditure on

healthcare and emerging technologies, challenges with maintaining the workforces, and aging populations discussion and debate on world issues to continue to discover answers in the delivery of sufficient, effective, and economical healthcare. Although nurse practitioners (NPs) have already been heralded as the cure-all by many, advanced practice nurses (APNs) are now recognized in several nations. The current state of healthcare, particularly concerning health promotion, health education, and basic care [1]. Effective universal health care is hampered by low-quality services, even when they are made available at a reasonable price. This is because communities won't use services they distrust or that don't provide much value to them. Quality assurance, monitoring, and continuous improvement mechanisms are required to be included in the framework of healthcare systems [2]. The function of nurse practitioners has been extensively studied and has been practiced for many years in North America. However, this evaluation is outdated and only partially applicable to the United Kingdom. Following the increase in nurse practitioners Several pertinent and randomized controlled studies that took place in the NHS in the 1990s have been published one of which directly contrasts doctors and nurse practitioners. We sought to conduct a thorough evaluation of research that evaluates the method, price, or results of treatment given by Compared to doctors, nurse practitioners working in Each patient's initial point of contact should be primary care with a variety of health issues. There are justifications offered for the significance of the NP job in healthcare. Role clarity, professional identity, the capacity to improve the delivery of healthcare, and Interprofessional concerns are looked at. This discussion emphasized the requirement to define advanced nursing given the NP role's worldwide development. This conversation offers a chance to consider the requirement for clarity of current nursing positions to further illustrate the value function, as well as the advantages of a unified professional posture.

Participation of Nurses in Improving Access to Quality Health Care

The United States has a lower life expectancy, infant mortality, & maternal death rates than the majority of other affluent nations. Additionally, there exist racial differences in access to care & health outcomes in the United States; however, having the means to pay for the greatest medical treatment is not always correlated with having the best health results globally. U.S. health indices still trail below those in many other nations, including among White Americans and those with greater socioeconomic status (SES). The growing aging of the population in the United States and throughout the world is projected to rise demands for services and programs to address their different healthcare requirements [3]. The kind of care that the patient will require will also alter as a result of the aging population. In addition to needing greater assistance managing numerous ailments and maintaining health and resilience as they age, older adults frequently require more expensive care (Pohl et al., 2018). These facts highlight the value of creating, evaluating, and implementing chronic care models, where teams are crucial to treating chronic illness, as well as nurse practitioners (RNs), play a crucial role as chronic illness care managers [4].

Independent of practice type or corporate size, the Primary Care Group: Learning through Effective Ambulatory Practices (LEAP) study from 2013 revealed that

structure, the majority of LEAP primary practices include RNs as a crucial component of their care team model [5]. In comparison, the Comprehensive Primary Care project of the Center for Medicare and Medicaid Services (CMS) studied 496 practices [6]. The study discovered that just 36% of practices had registered nurses on staff, as opposed to 77% of LEAP locations [7].

Assisting population with unique health care and social needs to have better access

Due to a shortage of physicians or clinics in their region, lack of insurance, financial hardship, or inability to pay, many people are unable to get health care. In order to close this gap, nurses operate in several contexts, as well as nurse-managed health centers, home health or home visiting, retail clinics, school-based health, and school nursing centers. Nurses are present in each of these locations and help people and families access health services. They frequently act as a link to public care as well.

Government-Approved Health Facilities

Increased patient encounters, participation in care management, & autonomy in care delivery are all signs of the RNs' increasing roles in FQHCs. In order to enhance health outcomes, together with case managers, health providers, and social workers, nurses also endeavor to address significant social factors [8]. Through FQHCs, which are outpatient clinics located in or serving a medically disadvantaged community, nurses assist in providing comprehensive primary care services, referrals, or services that facilitate access to treatment. Over time, advanced practice registered nurses (APRNs) have played a larger role in FQHCs [9].

Retail Clinics

For some populations, basic care, health screenings, immunizations, and other services are now more readily accessible because of the emergence and quick growth of these established retail clinics. By 2018, there will be 2,700 of these running across 44 states across the Country of Columbia, up from around 1,800 in 2015 [10]. Restrictive rules governing the scope of practice have frequently placed restrictions on this clinic in pharmacies & grocery shops. 2016 saw the publication of a study from the University of Pennsylvania School of Nursing's Institute for Policy Research and Health Outcomes that examined the proliferation of retail-based clinics or scope-of-practice with regulatory frameworks. The study, which examined three states with various scope-of-practice constraints, discovered a link between the expansion of retail clinics and the loosening of practice rules. Evidence reveals that NPs, the clinicians who predominately serve retail clinics, need to have their scope of practice standardized in order for innovative health care venues like these to operate well [11]. According to research, just 12.5% of retail clinics were situated in the 21.5% of Americans who resided in medically underserved areas. "Overall, retail clinics just aren't enhancing access to treatment for the medically underprivileged," according to Rand. The existing statistics do not show that this promise has been reached,

despite the fact that these new types of care have the potential to enhance healthcare insurance equity and population-level health [12].

Home health and home visiting

Home visits can provide equal access to high-quality healthcare. Many Americans now have easier access to care, from elderly people to young children with serious medical conditions [13]. Less than 1% of doctors who participate in standard Medicare make more than 50 home visits annually, according to a new study on changes in the U.S. workforce delivering home-based medical treatment (a rate unchanged between 2012 and 2016). On the other hand, at that same time, the number of NPs offering home visits virtually doubled. Home health nurses coordinate care for patients moving from tertiary care facilities to continuous healthcare in their own homes in order to solve a fragmented system. Since the start of the Covid-19 epidemic, these nurses have increased the amount of caregiver relief they offer to families and the variety of mental health treatments they provide, all of which have a positive impact on reducing older people's social isolation.

The Acute Hospital Care at Home and Hospital Without Walls initiatives, both started during the epidemic, are included in these strategies. Hospitals had to deliver services inside their own structures due to prior federal regulations, which raised questions about their ability to serve Covid-19 patients, particularly those who needed critical care and ventilator support. Hospitals can move patients to outside facilities including ambulatory surgical centers, inpatient rehabilitation hospitals, motels, and dorms while still collecting hospital reimbursements from Medicare under the interim new guidelines from CMS.

School-Based Medical Facilities

Students in the school context can also obtain care thanks to school-based health clinics (SBHCs) [14]. 2,584 SBHCs were in operation in the US in 2017. More than half of most SBHCs receive funding from or grow into FQHCs [15]. They typically include cooperation between the school and a local health organization a hospital, community health center municipalities health. primary care, dental, social assistance, mental health care, and health education are all included in SBHC services, although they might differ depending on the needs and resources of the community as established via partnerships between the community, the school district, as well as healthcare professionals [16].

4,455 consultations for physical health, 1,110 early & periodic screening, screening, & treatment (EPSDT) exams, 1,896 vaccinations, and 1,796 visits to mental health clinics were among the services provided during the 2016–2017 academic year. According to VSHC, their services prevented more than 2,500 potential trips to the ER every academic year, resulting in annual savings of around \$375,000 [17].

College Nursing

As a link between the health care and educational sectors, school nurses provide primary health care. School nurses look after the physical and mental health of pupils while they are in school and are employed by school districts, health agencies, or hospitals. They act as public health sentinels, including parents, school communities, and medical professionals to promote wellness and enhance children's health outcomes. Given the rising number of children with complicated medical and social requirements, school nurses are crucial to improving kids' access to high-quality healthcare. The availability of school nurses contributes to improved student health equality. The school nurse could be the only health care provider that many kids who are poor or close to it often see. It might be especially difficult to meet children's mental health requirements. According to research, one-fourth of all children and adolescents of school-age experience mental health problems including anxiety and sadness. A third of student visits to the school nurse is really for mental health issues, which are frequently covered up by complaints such as headaches. An such is Health-e-Schools, which enables school nurses on-site to link ill children with medical professionals. The program hires a full-time, off-site family nurse practitioner (NP) who uses telehealth to assess and diagnose patients with conditions like earaches, sore throats, colds, & rashes, and to give sports physicals, administer medication, manage chronic diseases, and provide behavioral health care. In 2011, just 3 schools established a telehealth program, but since then, it has grown to include more than 80 schools and more than 25,000 kids. By reducing the number of times parents or guardians must miss from work to bring their kids to appointments, Health-e-Schools has helped raise class attendance. The nurse educators employed by each school district are highly reliant on this arrangement to act as the major telehealth providers, necessitating funds to put a school nurse in every school [18].

COVID-19's Implications for National Healthcare Equity

The Covid-19 outbreak has highlighted the critical role nurses play in addressing healthcare disparities. During public health emergencies, nurses at hospitals, public health centers, as well as other community settings must collaborate and operate efficiently. The pandemic has raised the demand for nurses who are skilled in team-based care, infection - control, personal Health care, and other areas that play to their strengths [19]. The creation of telemedicine services and the expansion of scope-of-practice laws allowed nurses to practice to the greatest extent of their training and education during the Covid-19 epidemic, improving access to treatment & providing equitable care. Additionally, hospitals are moving doctors, nurse practitioners, nurses, and other healthcare professionals from areas with declining patient volumes (due, for instance, to restrictions on elective procedures) to intensive care units (ICU), acute care, as well as emergency service areas with higher patient demand. For instance, in the surge reaction to Covid-19, In order to intubate and set up central lines for patients, nurse anesthetists have been dispatched from operating rooms to critical care units. So as to permit NPs to "supervise the conduct of diagnostic tests within their scope of practice and state law, as long as they maintain requisite statutory relationships with supervising or collaborating doctors," CMS was completing revisions as of

December 2020. Some of the labor flexibility that was permitted during the epidemic will help become permanent as a result of these modifications.

Older People

Older people have had disproportionate morbidity and death due to Covid-19, and older POC are significantly more prone to do so. According to CMS data, White people of comparable age acquired the virus three times as frequently and were hospitalized four times as frequently as Black Medicare users. In nursing facilities, nurses & nursing assistants have a significant responsibility in carrying out the front-line task of trying to maintain residents' health, provide care for recovered patients, and aid in reducing isolation and its negative effects on residents. Adults and their carers have had substantial emotional, social, and mental health repercussions as a result of the epidemic. As part of measures to stop the transmission of illness, relatives and friends of the residents have frequently been prevented from visiting, therefore these chores have been carried out without their presence. In multigenerational homes, further precautions have been needed to reduce the risk of Covid-19 for older persons, such as utilizing separate restrooms, having ill family members wear masks, or avoiding guests. During the pandemic, there has been a spike in demand for home care nursing services, which includes observing stringent public health precautions (masks, handwashing, and quarantining).

Children

Although the CDC has said that Covid-19 presents a relatively modest danger for kids, studies on natural disasters have shown that kids are more sensitive to the emotional effects of traumatic experiences that interfere with their regular life than adults are. Children have had to significantly alter their routines as a result of the pandemic (due to, for example, closures of schools and day-care facilities, the requirement for social isolation, and the necessity of home confinement), which may affect a child's feelings of security, predictability, and structure. Even young children are excellent observers of people & environments. They react when they notice stress in her parents, other caregivers, friends, or community members. When given regular assistance from kind and attentive caregivers, the majority of kids gradually resume their normal functioning; but certain kids are at risk of experiencing serious mental health issues, such as depression, anxiety, and stress brought on by traumatic experiences. Children who have experienced trauma or who have previous mental, physical, and developmental issues are more vulnerable to emotional disturbances, as are kids whose parents have mental health conditions, drug abuse issues, or financial difficulties. Therefore, throughout a public health emergency like the Covid-19 epidemic, it's crucial to look after children's mental health in addition to keeping them physically safe. A greater emphasis on community-based coordinated care and the use of technology to enhance communication are transforming the healthcare system. This kind of cooperation may make the overall healthcare system more efficient, cut down on redundant services, and minimize the cost of treatment.

Conclusion

Studies on the standard of care show that the health care system frequently fails to use new technologies in a safe and effective manner. Although work environments, tools, and equipment may be created using human factors design principles, nurses, as end-users, can maximize safety through the selection process, continuing equipment monitoring, and proactive risk-assessment techniques. Nurses seek to address the underlying causes of ill health, whether they are working in a community health center, a hospital, or an elementary school. Nurses work in a variety of contexts since they make up the majority of the healthcare workforce and are consistently the most trusted professionals. They have the capacity to coordinate teamwork and management, integrate clinical treatment, public health, and social services, and foster community trust. State and federal rules, which prevent nurses from using their education and training to the fullest, hinder their ability to realize this potential. Particularly in light of the COVID-19 epidemic, the US has to significantly improve how it connects health and healthcare to social and economic requirements.

In particular, when it comes to providing treatment for people in impoverished rural & urban regions, nurses offer a significant and sometimes underutilized experience that may assist people and communities in accessing high-quality healthcare. Access might be increased by enabling patients to get care in their homes and communities thanks to improved telehealth technologies and payment methods. State and federal rules, however, which forbid them from operating to the full extent and training, limit the capacity of nurses to perform completely in these and other contexts.

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