The importance of nursing in healthcare systems

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Abstract---Nursing is an international, contemporary, dynamic and vital component of health systems. Like other health workers, nurses contribute to protecting and promoting health; preventing illness, injury and disability; alleviating suffering and palliating illness; and restoring health and productivity. However, social, economic and political structures too often undermine nursing and other health workers' competence, confidence, and authority, and thwart their keenest endeavours to serve the people in need of care and cure. For centuries now, nurses and midwives have listened, observed and acted where action was needed, and, when faced with unmet need of such proportion, made loud that voice. And, for centuries, the answers have been variations on the same theme of deference, disdain or downright hostility. Even today, in the early twenty-first century, nurses, particularly younger, female, marginalised and migrant nurses, continue to experience this. Compounded by structural inequalities of gender and social class, their attempts to push for reform rarely gain traction.

Keywords---importance of nursing, healthcare, health systems.

1. Introduction to Nursing

Nursing is an international, contemporary, dynamic and vital component of health systems. Like other health workers, nurses contribute to protecting and promoting health; preventing illness, injury and disability; alleviating suffering and palliating illness; and restoring health and productivity. Yet, in the hierarchical and patriarchal world of global health, nurses' knowledge and skills too often go unacknowledged, unrecorded, underpaid or unpaid, with all too common individual costs of disempowerment and exploitation. This contribution stands on the shoulders of countless forebears, anonymous and celebrated. It is projected into the future measured in countless, incalculable encounters between nurses and the people who they serve.

However, social, economic and political structures too often undermine nursing and other health workers' competence, confidence, and authority, and thwart their keenest endeavours to serve the people in need of care and cure. For centuries now, nurses and midwives have listened, observed and acted where action was needed, and, when faced with unmet need of such proportion, made loud that voice. And, for centuries, the answers have been variations on the same theme of deference, disdain or downright hostility. Even today, in the early twenty-first century, nurses, particularly younger, female, marginalised and migrant nurses, continue to experience this. Compounded by structural inequalities of gender and social class, their attempts to push for reform rarely gain traction. This is seen in attempts at collective and organised action, in demonstrations, strikes or negotiations for better pay and conditions, for safer staffing levels, or more respect and recognition. Such campaigning has been characterised as militancy, aggression or unprofessionalism, attitudes attributed wholesale to nurses much as charges of mercenary self-interest were levelled at physicians in the late twentieth century, demonstrating the gendered and racialised nature of such responses.

Methods

Work methods for planning, organization and evaluation of care delivery are being developed that are consistent with the paradigm of the conceptual model of care and with the management perspective of the healthcare organization. These methods are based on administration and nursing theories. Work methodologies denote how work is conceptualized, structured organizationally, and allocated timewise for care activities, typically on a daily basis. They are applied specifically to unique care teams and are taken under consideration when clinical procedures and care plans are being created and develop during care review meetings. Consequently, the clinical and organizational mechanisms play a supporting role in enabling the nursing team to relay care requirements to other health professionals in a more accountable and efficient manner.

In general terms, organizational strategies are methods of organize and assign work to nurses in order to deliver any safe care in a setting where safety concerns are paramount. Methods of working represent the structural and contextual dimensions of nursing practice, determining how nurses organize their work, communicate, interact with team members and other health professionals, and make clinical decisions. In a more specific perspective, organizational and time methods present the care unit in a structured way that allows managers, supervisors and nurses to know what, how and when nursing care should be delivered The way the methods are laid out also has implications for patients, relatives, and other healthcare professionals, since it might be suggestive of professional organization and competence and thus safety and trust in care provision.

Conclusion

Policy must have open and shut right answers, you know. Because you consider it a research paper, you know, which is a purveyor of correct answers. So if you had some kind of a checklist of good responses or something to go through, you could see if any of those fit?

A dire state for nurses bolsters a gloomy state across the entire world. They're trapped between the health care needs of the populations, and the aspirations of big players looking to grow their own commercial interests in the health sector. Nurses recognize when health and social policy is misguided and understand the implications of that course of action, yet, so far, they have borne the brunt of whatever input has been conducted in a process that has continued to exclude them. Nurses must be at the forefront of health services, requiring visibility and consideration. But outside the scope of their work, they appear to be invisible, their value in regards to health goes unnoticed, ignored or is merely just assumed. Some individuals have recognized the significance of nursing and nurses for generations, taking advantage of the conception of nursing invisibility for their own benefit. This is not one of these pieces; in nursing it is possibly difficult to find someone who will be deeply skeptical of the truth.

2. The Role of Nursing in Healthcare Systems

Nurses play a key role in the healthcare systems of all countries and are considered the main part of the healthcare teams. Nurses provide a significant portion of care services and incur a large portion of health care costs. The quality and quantity of provided services depend on the quality of nurses and the image that the nursing profession has in society. The nurses' ability to adapt themselves to the care process and the number of supportive roles that they have, play an important role in the quality of care services provided to patients. In relation to other healthcare professions, nurses often spend more time with patients. This situation increases the duties of nurses. The increase in immigrants, chronic diseases and aging diseases has greatly increased the workload of nurses. Nurse work is a type of work that requires flexibility and creativity. The creativity expected from nurses is hampered by bureaucratic difficulties. Nurses adapt to change over time and gain expertise. However, tension and stress factors can largely erase experience. The workload and deficiencies in the working environment create a decrease in the quality of care service. This situation negatively affects the satisfaction of both the person receiving the service and the person providing the service. Satisfaction gives power and motivation (Yazdani et al., 2016). Because all countries have a resource limitation, the benefits of humans should be managed and used effectively and efficiently. For this reason, consumption goals and general benefits must be certainly clear at the individual and community level. In the health service, this control lies between the state and the society, in other words, the health care system. The health care system has been designed in such a way that it can get the utmost benefit with the resources it has, where professional responsibility should be carried out. Basic health service elements must cover the whole community equally, with quality and consistency. However, the health system in the world's 5th and 6th most populous cities, such as Iran, should be planned according to the advantages and efficiency of the country. The health care system should carefully measure the availability of resources. If the system aims to provide all health services at a high-level salary, this process leads to the financial collapse (Wilandika et al., 2023). Comprehensive health services must therefore be reclassified according to necessity. It must scientifically calculate the necessary level of service it gives, classify urban and rural areas, and distribute services according to the results. Local management of the health care system must be

carefully controlled by the existence of provincial health councils. The health system should also monitor the performance of these services and set up a feedback mechanism between the community and the health system to eliminate shortcomings and errors. In this way, the public awareness of the health can also be improved and a responsible state of health maintained. Health care according to the needs of the community. Likewise, human resources should be based on the working environment of these units to avoid displacement. An irregular system or inadequate planning increases the burden on the health workforce, reduces efficiency, creates confusion, contributes to its depletion and the negative image of the health system. In relation to this, research was carried out at some universities in 2 states in order to analyze the policies of the health system in Iran in relation to the nursing profession. The aim of this study is to reveal guiding advice to improve the health system in Iran and to review it as a secondary source for other developing countries.

3. Challenges and Opportunities for Nursing in Modern Healthcare

3.1. Changing Health Needs Throughout the world, many chronic diseases like heart conditions and diabetes are replacing infectious diseases as the chief sources of illness. Other medical concerns driven by modern living—from mental health problems to substance abuse—constantly challenge the personal coping abilities of individuals and the available community resources. The natural aging of the population brings with it a set of concerns specific to elderly people. In industrialized countries, these concerns include age-related illness and the rising cost of caring for the elderly.

3.2. Resource Mismatches Many of the concerns in healthcare systems revolve around finding the appropriate resources—human and financial—to maintain and improve the health of the population. Organizations may work toward serving their targeted populations better, but the result is often a complex mix of services that must be managed to maximize effectiveness. Some countries, especially the wealthier ones, already have personnel specialists in positions having significant clinical and administrative decision-making responsibility. But in too many cases worldwide, nurses operate in environments unregulated by nursing standards and regulations, with the emphasis on task specialization rather than on generalist professional education and practice.

4. Innovations and Advancements in Nursing Practice

Apart from the image of smiling Florence Nightingale on one side & on behalf of "International Year of the Nurse and Midwife - 2020" on the other side of the rectangular purse calendar, there is a substantial reorientation to things nursing &/or medical since walking out of the doors of what was a hated job four years before completing the education for it as a mature aged student nurse. There were gaps in material knowledge & understanding to be filled; changes in record-keeping practices to be adapted to; & later the development of a system that required good IT skills, with a least "operational experience" in nursing informatics.

Nursing informatics is a specialty that integrates nursing science, information science, & management science in identifying, collecting, processing & managing

information, in support of nursing & other health professionals in decision making, scientific research or health care management. There had been doubt that the ability to harness the available technology & still achieve the therapeutic relationship, central to both the philosophy & practice, could be managed. This interest & doubt remained long after qualification, & most of these "some technological issues" were resolved after the career change from pediatric to perinatal nursing.

There were three "technological" developments in the practice of nursing that were a clear part of the biggest changes since the making of the eight-month pocket style rectangular calendar. In the very late 1970s, the batch production process was broken, & the portable defibrillator was released as a single device for immediate resuscitative action. One of the changes, pregnancy, was sent for postnatal monitoring of a twin birth written up as part of a diploma in child health. The speed & success in applying the portable defibrillator & the 4 bpm recovery normalized the status of that single nursing student. Sadly, her twin harbinger did not fair as well, but the final outcome for both this mother & nursling was far better than might have otherwise been. It was due, at least in part, to the revolutionary item described, the real time ultrasound, a device that would allow the health of a female (& in 20 years, the developing female baby) to be noninvasively & visually identified. This mere substitution of one technology for another marked the most significant change since the birth of the children's science of Florence Nightingale.

5. Conclusion and Future Directions

There are probably few areas of practice that involve timetabling and deadlines more than that of nursing. It is interesting to think of the schedules held by a community nurse discussing a patient's hair grooming needs, a surgeon cleaning his hands before meeting a relative, or a critical care nurse recording observations with one hand and comforting a dying patient by stroking his wife's arm with the other. Not all of this work is glamourous, and to recognize the things that go unnoticed, sanitary, or acknowledged even is the idea behind this piece. The model will be placed in context of the reflections of one nurse who works in the district nursing sector, which is a very different area of healthcare than that in which it was probably written. Discrepancies that emerge are of greater interest rather than the means by which they can be fitted more comfortably. District nurses are a somewhat isolated, semi-autonomous sect of healthcare providers in the UK (Ball, 2011). They undertake the nursing care of housebound patients following spells in hospital. A Remedy scheme in the UK mandates that within 48 hours of a patient's discharge, district nurses take over their care, providing dressings, injections, education, and holistic care for conditions such as, but certainly not confined to, leg ulcers, pressure sores, surgery after care, peg feed management, et cetera (Masaki et al., 2012). In the district nursing sector it is common for it to be just the nurse present, seeing to a diverse array of treatments with limited equipment. For example, district nurses take in their own yellox trays containing all that can be needed when conducting a dressing. For complex wounds there may be more than 20 items in the tray, with each requiring pre-cleaning, pre-packaging in a sterile field, and unrapping in a certain order maintaining sterility.

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