

Module 1 **Nursing in the 21st Century**

INTRODUCTION

This model is intended to give you an overview of major social forces affecting nursing in the 21st century. Obviously, all the factors affecting nursing cannot be detailed here; however, those factors which have significantly and irreversibly altered the profession of nursing are analyzed.

There is a self-test at the end of the module. When you have correctly answered the self-test, proceed to the final exam.

OBJECTIVES

Upon completion of this module, you should be able to:

- Describe six social forces which have changed health care delivery in the last twenty years.
- Identify the influence of each force on nursing.
- Describe characteristics of nurses which help them cope with these changes.
- Relate these factors to the current clinical practice of nursing.

COMMENTS

Welcome back to the exciting world of nursing in the 21st century. There has been a knowledge explosion in medical and nursing science in the last few years that has significantly changed the profession of nursing. This module will examine several of the major forces influencing nursing today. Each of these forces has considerable impact upon nursing and deserves careful consideration by nurses reentering the world of work.

Forces affecting nursing are technology, specialization, consumerism, the economy, globalization, humanism, and nursing shortages.

A document leading healthcare trends for healthy people today is the “Healthy People 2010” from the U.S. Department of Health and Human Services. Healthcare in the 21st century is geared towards health promotion and prevention. The two main goals of this document are: (1) to increase the number of years in a healthy person’s life as well as the quality, and (2) to eliminate the severity and mortality of diseases in the present day.

Technology

Probably the biggest single factor catapulting medical science ahead at an unprecedented rate is technology. The invention of the microchip (a printed circuit board the size of your little fingernail) has irrevocably changed the capability of medical science.

Computerized examination tools such as brain scans and CAT scans (computerized axial tomography total body scans) and NMR (nuclear magnetic radiology scans) have made diagnosis a more exact science. Immunology has developed to a point where allergies and autoimmune potential can be readily identified. Ultrasound scans and fetal heart monitors have increased the ability of obstetricians to identify problems before birth. The emerging science of neonatology (care of high-risk infants during the first 28 days of life) is due largely to technology-based care. Fiberoptics, surgery by means of miniature lighted microscopes and instruments threaded through tiny catheters, has revolutionized orthopedics. Lasers are being used in many types of surgery. Computerized lab tests can analyze simple blood samples for twenty or more enzymes. Renal dialysis is not a much safer procedure because of vast improvements in the technical equipment. Kidney Transplants have become an accepted alternative to long-term dialysis. Liver, heart, lung, pancreas, and other organ transplants have been done successfully. Implantations of Jarvik 7 artificial hearts have been done successfully. Cardiac monitors are common pieces of equipment in most hospitals. Heart rhythms can be beamed over telephones to cardiologists anywhere in the world.

These are but a few of the technical changes that have invaded medical science. The plastics industry has also added new dimensions to patient care. Almost all equipment is now disposable: syringes, IV bags, digital thermometers, emesis basins. The pharmaceutical industry has used plastics extensively in designing new systems of medication dispensing. You will probably not find stock bottles of medications, but instead, individual patient containers. The Unit Dose System is now being widely used. This system dispenses a one-day supply of individual dose medication separately wrapped and labeled in a drawer for each individual patient. This system has drastically reduced the number of medication errors. The pharmacist rather than the nurse assumes major responsibility for drug dose accuracy in this system. Genetic engineering has created new forms of therapy for a variety of human conditions. Artificial insemination,

In the early 1990's the worldwide web was introduced and it exploded rapidly to incorporate multiple networks to search and locate information on healthcare and all of its surrounding issues. The Internet is an excellent resource for nursing education, medical advancement, and research. Computers and the Internet are the backbone of nursing informatics that is utilized in nursing practice and education, nursing administration and

Documentation systems in hospitals, outlying medical offices, and home health is now largely computerized. Each of which can be or are networked to local or regional hospitals to ease obtaining information needed for standard patient care. (Example: local doctor's office networked to regional university hospital of which his office is a

When you reenter the hospital, you can expect to see complex equipment with which you will be unfamiliar. Do not let it frighten you. You will not be expected to work with it until you have been given appropriate orientation to each piece of equipment.

It has been estimated that the half-life of a nursing education today is about two years. In essence, that means that half of what you learned will be obsolete within the first two years of graduation. Every

two years that amount dwindle by half. It is essential for each nurse to seek continuing education throughout his or her career to keep up with the massive technological changes affecting health care. Ninety percent of all the scientific knowledge known today has developed since 1950. Hundreds of new nursing textbooks

The technological changes in healthcare give rise to complex moral and ethical questions. Because of these advances, people are living longer. What about the quality of life for the aged? Should they be allowed to die with dignity rather than be maintained indefinitely on artificial life support machines? Who makes these critical decisions? What about defective infants that can now be saved? Who bears the cost of life-long care for them? Now that abortion is legal and commonly accepted, what should our moral responsibility be? Nurses are faced with these and other ethical issues almost daily. There are no clear answers. Each nurse must be aware of his or her own values and base the decision about morality of care on them.

Specialization

Because these technological changes have expanded the capabilities of medical science, specialization and sub-specialization have become popular. Many physicians feel it is now impossible to keep current on all branches of medicine in order to provide general practice. Subspecialties have emerged. Internists may now specialize further in cardiology, oncology, nephrology, and hematology. Pediatricians may seek a subspecialty in neonatology, perinatology, or adolescence. Surgeons are also specializing. Each of the subspecialties is expanding its body of knowledge, thus creating an incredibly complex, highly technological, ever changing world of modern healthcare.

As medicine has moved away from general practice, it has delegated more of its traditional practice to nursing, thus creating the expanded role. Nurses in the expanded role not only practice nursing, but also assume certain medical functions. Nursing has also created specialties and subspecialties. You will find nurse specialists wherever you find medical specialists. Many nurses have taken graduate courses in specialty areas and become certified by the American Nurses' Association as specialists. You will hear them called many different titles. A **clinical specialist** is a nurse with a master's degree in a specialized area. She/He may practice in a hospital, school of nursing, or any clinical area. A **nurse clinician** is a nurse with additional training who practices only in one specialty area within an institution. She/He need not have a bachelor's degree or master's degree. A **nurse practitioner** is a nurse who has had additional training to perform in the expanded role in a variety of areas. He/She performs some of the medical functions traditionally done by the physician in a clinic (history and physical, lab tests, management of selected chronic conditions, and management of normal pregnancies). The profession is moving toward the position that all nurses practicing in expanded roles (specialists, clinicians, and practitioners) should be prepared at the master's degree level and be nationally certified.

Despite this trend towards specialization, nurses are still initially licensed as generalists with tested skill in medical, surgical, pediatric, obstetric, and psychiatric nursing. Your license is a guarantee to the public that you are competent to practice in any or all of

Not only have nursing and medicine evolved, but the rest of the healthcare team has also emerged in a new light. You will commonly find social workers employed by hospitals and nursing homes to deal with socioeconomic concerns. Respiratory therapists, laboratory technicians, patient advocates, activity directors, occupational therapists, discharge planners, and clergy function as part of the healthcare team, each contributing a specialized skill. Much of what was formerly the nurse's role has been assumed by these allied health professionals. New categories of allied health occupations emerge continuously, each assuming a portion of patient care, the **registered nurse** is responsible for coordinating it all. This function, as you can imagine, is no easy task. The **registered nurse** must have a clear picture of the patient's needs as well as a solid understanding of the appropriate role of each profession in order to orchestrate the entire array of services and provide a unified, coordinated plan of care for each patient. It is the responsibility of the **Licensed Practical Nurse** to perform duties delegated by the Registered Nurse

Another impact of specialization is the trend toward regionalization of care. Because each facility cannot afford a specialist of every kind, regional patterns of referral have developed for certain specialty care. Examples would be a regional poison control center at one hospital, a burn center at another hospital, an open-heart surgery suite at another hospital, and a renal dialysis unit at still another hospital. The remaining hospitals arrange transport systems, consultation and referral with the regional centers for each of these services. The initial diagnosis and stabilization of a poison victim, for example, could be done in the local hospital under telephone consultation with the poison control center. A prearranged, highly technical transportation system could bring the patient to the regional center for a period of complex care. When ready, the patient could be returned to the local hospital for convalescence under the guidance of the specialists from the regional center. This system of regionalization places demands on the nurse to be knowledgeable about referral patterns and transport protocols. The nurse must respond not only to orders from the local medical team, but to the orders of the regional specialty team as well.

Consumerism

A third factor affecting nursing in the 21st century is consumerism. Largely due to increasing health care costs and consumers are demanding a great deal more of the healthcare system. The 65 years and older population is consistently growing in this new millennium. This age group tends to be large consumers in healthcare. The media have alerted consumers to poor medical care practices, advances in medical science and new procedures. Thus consumers today are more sophisticated about their healthcare needs than they have been in the past. They want their money's worth. When they feel that the system has not dealt fairly with them, been responsive to their needs, or has resulted in disappointing outcomes, they are much more likely to sue for malpractice. More than 900 malpractice suits are filed against health professionals every day. Nurses are not exempt from lawsuits. As a matter of fact, nurses often become the target of patient rage when medical results are unfavorable. The public no longer holds the untarnished image of the nurse as a trustworthy angel of mercy. This places the nurse in the precarious position of protecting patient rights while carrying out medical orders. The module on legal aspects of nursing practice will explore this topic further.

Economy

Due to increasing economic pressures, hospitals and, to some degree, nursing homes have adopted some of the principles of big business. Computerized billing, quadruplicate forms, committees, and paperwork characterize this movement. Efficiency and work productivity may be measured by time and motion studies. Policies may be issued, revised, and reissued through several layers of administration. Personnel evaluation must be documented. State and federal laws and subsequent regulations (Medicare, Medicaid) have proliferated to create additional demands on healthcare facilities for compliance. Accreditation and certification criteria provide yet other forces, increasing the paperwork policies within institutions. The consequences of non-compliance with these regulations are economically disastrous.

The bulk of financial reimbursement for patient care bills is contingent upon meeting these regulations. DRGs (Diagnostic Related Groupings), policies mandated by the federal government, specify the reimbursed length of stay and appropriate charges for hospitalized patients based upon their admission diagnosis. The regulations have significantly shortened hospital stays. In short, DRGs have resulted in shorter length of stay and higher acuity levels during hospitalization.

Federal prospective payment policies passed by Congress, as a result of looming federal deficits, are causing and will continue to cause a massive reshaping of the healthcare system. Community, regional, and statewide holding companies will emerge to manage systems of coordinated healthcare agencies. Individual institutions will be downsized and integrated into umbrella corporations as part of a network of diversified agencies.

You will find much more “red tape” involved in nursing than you remember. You may find it a longer process to effect a change in procedure. You will find yourself serving on a committee or filing a quarterly report when you think you should be caring for patients. You will very likely be frustrated with bureaucracy. Do not let it get in your way. Learn to work within the system rather than to fight the system.

Institutions must be cost conscious to survive in today’s economy. You will hear services being discussed in terms of “cost-effectiveness”. Nurses may be involved in justifying the cost of patient care, equipment, and supplies. Because of finances, Medicare, Medicaid, or private insurance companies dictate patient lengths of stay. A Professional Review Organization (PRO) committee will review length of stay and determine appropriate discharge plans for categories of patients. All this means much shorter length of stay, more acutely ill patients hospitalized, and consequently, more concentrated complex care. The type of care given in an intensive care unit is now routinely given on a general medical or post surgical floor. Often there is a shortage of nurses to care for these patients due to the expense of hiring qualified nurses in addition to the diminished pool of nurses available to work. All these factors predict an increased workload for the nurse. The pace and pressure of nursing has been accelerated. Nursing today is considered a highly stressful profession. Do not forget that it is also a highly rewarding one.

Globalization

The issue of globalization in healthcare is very important. Nurses into today’s society need to be aware that there are multiple cultures requiring care and that it is their responsibility to explore the

cultural differences and views of these clients. When a nurse cares for a client of a different culture, one must caution not to allow her opinions of that culture's uniqueness or her worldviews of that culture to interfere with her healthcare delivery. Nurses must be aware of their own cultural beliefs and values and keep them separate from the client's.

Nurses must constantly assess and reassess the beliefs and values of their culturally diverse clients. Although clients may be of the same culture, values and beliefs can vary greatly due to past experiences and other factors. The main goal of transcultural nursing and nursing globalization is for nurses to discover information that is of factual basis, about clients in various cultures. This information in turn, should help them provide competent and accurate care based on cultural values and needs. Transcultural nursing within itself is a specialty, however, every nurse should make efforts to be

Humanism

Despite the technological revolution and highly specialized medical care system, there has been a trend in nursing towards humanism. Humanism is defined as an attitude or way of life centered on human values; it asserts the dignity and worth of persons and their capacity for self-growth through their own reason. Emphasis is placed on the individual patient and his or her unique capacity for optimal health. You will not see wards of patients with the same conditions medicated, fed, and bathed on a common schedule. Rather, you will see an individual, multi-faceted plan of care for each patient. There is more emphasis on patients and their families making their own decisions about their plans of care. The right of patient self-determination is being upheld in healthcare facilities as well as in courts of law. Patients and families are encouraged to actively participate in the patient's care. Dependency is discouraged. The goal is not to "do for the patient", but to help the patient "do for him/herself" as quickly as possible. There is much more emphasis on preserving a patient's dignity and self-worth. Nurses pay attention to psychosocial, environmental, and spiritual needs as well as physical needs. Lifestyle changes to encourage healthier living are encouraged. Patients are encouraged to assume more responsibility for their own health. The nurse is viewed as an advocate for patients, helping them use the healthcare system to maximize their own capabilities to achieve health. Another effect that humanism has had on healthcare is deinstitutionalization. There has been public distaste for large mental institutions and homes for the mentally retarded. Social reforms have called for the residents of such facilities to be discharged to smaller facilities and foster homes within their local communities. This has been viewed as more humane. Thus, the chronically mentally ill and mentally retarded (now referred to as developmentally disabled) are placed on medication regimens and sent to live with minimal supervision in their own communities. Local mental health centers and adjustment training centers have provided support services to this population. Many have eventually come to live in local nursing homes. Thus, nursing home programs now place a great deal of emphasis on psychosocial care, rehabilitation, and occupational therapy. This population is at high risk for multiple health and social problems. They constitute a growing number of homeless individuals in the nation's major cities.

Nursing Shortage

Since the beginning of the 21st century, there has been a shortage of nurses. More exaggerated shortages in specialty areas such as critical care, the operating room, and emergency departments. Long-term care facilities are having difficulty recruiting and retaining nurses when there is such a large amount of available jobs in acute care settings. These facilities have difficulty competing to fill positions when acute care settings can offer more money, sign-on bonuses and usually better benefit packages. Shortages are geographically located. The nursing workforce age is climbing with the average person being over 40 and nearing the retirement age.

Many facilities now are requiring baccalaureate or higher degrees in nursing to fill positions due to complexity and acuity of client care needs. Nurses furthering their education to higher levels is increasing in the workforce today. This is due to better job opportunities/career advancements, more reward financially, and more diversity in practice.

Conclusion

Healthcare has changed more in the last 20 years than in the previous 30 years. The involvement of the federal government in healthcare has created changes in the way medicine is practiced today. It is difficult to imagine the massive changes in nursing that have taken place in the last decade. The demands on a nurse in the 21st century are far more complex than ever before. The complexity of the work environment has increased tremendously! Yet the basis of nursing prevails: caring for individuals and their families when they seek help to meet their healthcare needs.

One of the key principles of nursing in the 21st century is accountability. It means being responsible or able to answer for whatever you do. Just as a physician takes responsibility for the medical care prescribed, so a nurse now takes personal or professional responsibility for the nursing care prescribed. This involves documentation, legal signatures on forms, quality assurance mechanisms, and many other methods. This concept pervades every facet of nursing care today. It is imperative that each nurse be accountable for maintaining competence and currency in nursing through continuing education.

Certainly today's nurse needs stamina to withstand the pressure and the pace of modern medical care. It takes tremendous energy and persistence to face these challenges day after day. A solid source of support from family or friends is helpful.

Another characteristic of nursing today is confidence. Nurses must rely on their own judgment, trust themselves, and act on their own well thought out plan. As you progress through these modules, it is our hope that you will gain the confidence you need to re-enter the world of nursing as a current, competent professional.

Each of the issues presented in this module has implications for all nurses. Clarification of each should improve your perception of situations encountered in daily practice. Well-informed nurses who are willing to work for the improved healthcare of society are essential to the development of the profession.

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Module 1 Self-Test

List the effects on nursing for each of the following social forces:

1. Technology
2. Specialization
3. Consumerism
4. Economy
5. Globalization
6. Humanism

Module 1
Answers to Self-Test

1. **Technology** – The need for the nurse to remain current in knowledge of nursing and medical practice; reinforces the need for continuing education.
2. **Specialization** – Nurses have become specialists; nurses coordinate care of patients by the healthcare team; regionalization of care requires that nurses be
3. **Consumerism** – The awareness of the public regarding increasing healthcare needs.
4. **Economy** – Nurses must be aware of increasing costs; they are caring for patients with increased acuity in the hospital, with fewer staff. This increases their workloads. Nurses are caught in the dilemma of quality care vs cost effective care.
5. **Globalization** – Client centered care that requires every nurse to be aware of various cultural values, which allows her to deliver competent and accurate nursing care to a culturally diverse population.
6. **Humanism** – This places increased emphasis on individualism of patient care; patients are expected to be more independent. Deinstitutionalization has increased the numbers and complexity of patients in nursing homes.

