

Nurses should practice to the full extent of their education thesis examples

[Literature](#), [Russian Literature](#)



Abstract

Nursing practice has been revolutionized over the last century with a growing demand for appropriate education and training. This desire has escalated towards nurses becoming specialists in intensive care, obstetrics, pediatrics, psychiatry, geriatrics, anesthetics and even clinical managers. The more diverse cases emerge; equally the need to specialize becomes eminent. As such, education plays a vital role in adequately addressing evaluation and intervention of the nursing process. Accuracy in assessment and appropriate preparation to administer techniques, greatly depend on the level of education among nursing service staff. Hence, the importance that every level be afforded full opportunities to deliver the quality of care for which each was trained. “ Nurses should practice to the full extent of their education and training.” (Institute of Medicine, 2010)

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Introduction

Nursing practice as a science has found its way outside the scope of simple administration of care towards immense political implications as to who is illegible for particular levels of nursing interventions. It embraces application of health insurance coverage, Medicare provisions and Medicaid eligibility. Swiftly the discipline has flown out of the jurisdiction of health care providers' discretion on clinical areas as to who will receive care based on a situation of need.

As such, ethically, delivery of care pertaining to quality and accessibility is a decision made from parliament. This throws nursing service into the predicament of denying quality care to individuals when they arrive at emergency units; doctors' offices or any institution through which a level of care could be accessed.

Based on these prevailing circumstances the burning issue among health care providers, especially, nurses is, can Nurses really practice to the full extent of their education and training?" (Institute of Medicine, 2010).

Essentially, it would appear that these conditions compromise delivery of care and induces a culture of discrimination within the science and discipline collectively.

It is within these parameters that the author would scrutinize the relevance of this statement made by the Institute of medicine (2010) regarding "Nurses should practice to the full extent of their education and training." (Institute of Medicine, 2010). An assessment of educational levels in nursing; nursing practice based on education; hindrances to compatible practice based on educational levels and insights on possible resolutions would be offered.

Educational levels in nursing

The science of nursing has forged a culture whereby everyday the need to comply with exiting social structure adaptations becomes profoundly necessary for the nurse to keep his/her job. If the Institute of medicine (2010) is saying that, ' nurses should practice to the full potential of their

education and training' (Institute of Medicine, 2010) it would be important to know what comprises their education.

Importantly, in the same way as there are levels of care there are levels of nurses to deliver such care. When definitions of nurse is combined from both professional and non professional sources, it simply means a person who has been educated, trained and licensed to render professional care to someone who is sick or disabled. (Nursing's Social Policy Statement, 2004)

Hence, in actual dispensations there are Certified Nursing Assistants (CNA), Licensed Practical Nurses (LPN), Registered Nurses (RN) and Advanced Registered Nurses. (ARN). Each training program had its educational entry requirements. For an entry level position such as a CNA or LPN, the level of education varies in relation to the expected function of the position.

Precisely, nursing has been defined as the actual " protection, promotion, and optimization of health and abilities" (Nursing's Social Policy Statement, 2004) It also encompasses illness and injury prevention; reduction of pain and suffering by actively diagnosing and treating in response to a health need as well as advocating for optimal care related to individual families, communities, and populations. (Nursing's Social Policy Statement, 2004).

Within these confines nursing education programs are designed to enable practitioners to fulfill prescribed roles of ' nurse' relative to the capacity within which the service is required. The institute of medicine report confirmed that there are more than three million nurses within the profession forming the largest core of health professionals. Further, the

report reiterated that some quarter million of these three million Registered Nurses hold advanced degrees encompassing masters and doctoral qualifications.(Institute of Medicine, 2010)

As such, educational levels determine the function and structure of nursing service organization, designing specialist areas for less complicated practice in terms of delivery of care as it relates to evidence based nursing intervention. (Institute of Medicine, 2010). Therefore, it can be concluded that there are various educational levels to handle workloads and staffing needs within its social service structure.

Nursing practice based on education

In discussing nursing practice based on education is to actually, align education, training and practice with roles/ tasks nurses are expected to execute in making sense of the statement “ Nurses should practice to the full extent of their education and training.” (Institute of Medicine, 2010). Is education, training, and vice versa? Understanding how compatible education is with training becomes vital in requiring that nurses function within the educational capacity.

Evidently, training levels have to be accredited by nursing boards within the particular jurisdiction for definite roles equivalent to training be executed daily. For example, Certified Nursing Assistant (CNA) training allows him/her to function within specific professional boundaries and in the same way LPNs; RNs and APRNs.

Should CNAs wish to upgrade their function in clinical practice they must apply and be accepted into a training program, complete training and be licensed to perform such duties. Consequently, in debating whether education is the same as training it can be deducted that while they may be two distinct concepts; they are interrelated when it comes to actual practice. For a CNA to be accepted for training he/she must meet the academic educational requirements for that program.

Issues arise when after all these educational fulfillment requirements are met and training is completed within the specific levels identified; what become of these roles, functions training and education on the clinical areas? Are patients fully benefiting from the expertise found with the scope of service delivery or it is limited to health insurance coverage, Medicare provisions and Medicaid eligibility?

What opportunities are there for nurses to offer “ protection, promotion, and optimization of health and abilities” (Nursing's Social Policy Statement, 2004) as well as well as advocating for optimal care related to individual families, communities, and populations. (Nursing's Social Policy Statement, 2004).

Hindrances to compatible practice based on educational levels and training.

Douglas (2009); Anderson (2009) and Buerhaus (2009) have all expressed concerns related to staffing, evidenced - based practice and equivalent adaptations of education and training. According to Douglas (2009) “ the world of staffing is a mess’ and it needs an overhaul’ (Douglas, 2009).’

Douglas (2009) was particularly, alluding to a situation whereby even though the Institute of Medicine report states that there are three million nurses globally, this still seems to be inadequate staffing for the world's population of sick people. Precisely, she drew attention to traditional staffing misunderstandings, which hinder nurses from practicing to the "full extent of their education and training." (Institute of Medicine, 2010). From her observation it was based on 'opinion and tradition and not evidence.' (Douglas, 2009).

Anderson's (2009) opinions based on research pointed towards inappropriate allocation of depleted nursing staff. It was clear that evidence-based staffing could not be a reality in the presence of acute shortages whereby, CNA's inevitably have to undertake roles/ tasks of a LPN when there are such shortages in a clinical rotation. Sometimes, LPNs have to function as RNs. How then is training compatible with education in terms of clinical application of knowledge and state licensure? Hence from Douglas' (2009) analogy again 'it is a mess?'(Douglas, 2009)

Buerhaus' (2009) notion of economic implication for the workforce reinforces the impact of shortages labor has on professional practice as well as the political supporting influence. Importantly, all health care reforms emanate from a political culture. It is based on political correctness, rather than social needs. On many occasions social planners have no idea about nursing neither public health education nor training. They function as politicians with an agenda to just look good in the eyes of their supporters. (Buerhaus, 2009)

How can Advanced Register Nurses' training and educator influence these decisions made by such planners. Sure enough, some senators responsible for health care might have been doctors. However, they are doctors also with a political agenda, which forces them towards alternate paradigms of health care in terms of Anderson (2009), Douglas' (2009) and Buerhaus' (2009) staffing patterns regarding evidenced based allocation and accessible affordable health care in "advocating for optimal care related to individual families, communities, and populations." (Nursing's Social Policy Statement, 2004).

Possible resolutions

Possible resolutions are quite obvious. Nursing ethics play a great role in ensuring that "Nurses practice to the full extent of their education and training." (Institute of Medicine, 2010). The call at this moment is for improvement in staffing patterns around the world. More precisely, 'the right nurse for the right patient and the right time' is advocated.(Anderson & Kerfoot, 2009)

Distinctively, decision making within the health sector regarding budgeting and accessibility of care for the citizens should be placed within the jurisdiction of empathetic health care administrators who are concerned with "protection, promotion, and optimization of health and abilities" (Nursing's Social Policy Statement, 2004) illness and injury prevention; reduction of pain and suffering by actively diagnosing and treating in response to a health need as well as advocating for optimal care related to individual

families, communities, and populations. (Nursing's Social Policy Statement, 2004).

Conclusion

“ Nurses should practice to the full extent of their education and training.” (Institute of Medicine, 2010). This is ideal for any social service organization. However, as in many prescribed functions there are constraints to the function itself.

Then, one wonders why all this education, training and licensure when there is no freedom to carryout the roles for which the education and training are applicable? The answers are just before us up wrapped up in packages of social justice, ethics and accessibility of social services. It is hoped that this exposition could ignite the consciences of politicians, health care workers and social planners alike to revisit some decisions regarding health care reform in America and around the world so that “ Nurses could practice to the full extent of their education and training.” (Institute of Medicine, 2010).

Reference

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