

Changes in the roles and responsibilities of nurses



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Nursing staff have seen their roles and responsibilities change considerably within the 'modernisation' of the NHS, but is this a good thing? There are some big changes in the nursing field in the last 50 years such as, uniform, salaries, job demand, the roles of nurses, the different roles for men and women nurses, the technology used, Litigation and Documentation, Holistic Care and patient load. Nurses are becoming more popular and demanding in all sorts of different working environments such as, working in nursing homes, hospitals, home help, travel nurse, school nurse and more. Years ago, nurses were seen just as little more than helpers or assistants for doctors. Today in 2010, nurses are health care professionals in their own right. They are bright, capable, and often have a clearer picture of the overall situation than the doctors they work alongside with. Nursing has not only changed on the face of it but the background work of a nurse has changed to, for example the education given to nurses, the scope of policies and practice, the structures of nurses and the principles of the care of the patient. People are lead to believe that the 'modernisation' of the NHS will be beneficial to the care of the patient, but is this really the case?

Due to the increasingly shortage of nurses, they have learned to be more independent which is an outstanding way to increase skills and keep up to date with the new trends in health care. As well as nursing changing, health care in general has changed too. Within the modernisation of the NHS and nursing the care of the patients is still the everlasting goal. This means that there is more work for the nurses, which then has a knock on affect leading to less satisfaction of patient care. Although the NHS and government are doing their best to modernize nursing with the patients interests are heart, it

seems like there is less time for care due to time, but more time for paperwork. The Department of Health has laid down certain policy initiatives, targets and structural and organizational changes that can improve the quality of care received by patients through the NHS. These changes are emphasized along with the need for multi-agency and multi-organizational collaborative working across disciplinary boundaries. The four key interfaces for which collaboration and coordination measures are being suggested are health and social care; general medical and community health services; primary and secondary care; and interface with carers (DoH, 1996).

The education of nurses now days are a lot more intense and harder than it was 10 years ago. Over the last 10 years, there has been a gradual shift for the education and training of nurses. Currently all nurses have to be trained to a degree university level before they can practice as a fully qualified nurse. Opportunities for nurses have increased by large, with one training opportunity being through the internet although this method of training has to be approved by the NHS. On the other hand, years ago nurses only had to have a diploma or LPN'S. Now days all nurses have to attend and complete continuing education courses to keep up to date with the new trends and information used in the current day.

In addition to the higher and more advanced education, which nurses now have to have, there comes an increases scope of practice. In the current worlds, nurses are doing more and going places that in the past they would not be allowed to have done. The scope of practice is an expression used for various professions that define the procedures, actions, and processes that are allowed to be used and practiced. In the health care profession, there are <https://assignbuster.com/changes-in-the-roles-and-responsibilities-of-nurses/>

many different jobs with very different defined scope of practice laws and regulations. These include nursing, social workers, speech and language pathology, audiologists, training, radiography, nuclear medicine, dentists, surgeons, paramedics, physicians and many more. In the interest of the patients, it is a good thing that nurses are allowed to do more and more as there are more doctors than nurses, so the patients may be seen quicker, but on the other hand, it is not a good thing as nurses are doing more and maybe caring for the patient need and wished less.

Nowadays in hospitals, the wards are not gender mixed although the nurses are gender mixed between wards. The stereotypical roles of a nurse have change a lot since the 1990's. There are more male nurses but still not enough. However although there are still not enough male nurses, the female domination of nurses is slowly decreasing and now more men are entering the caring profession. For patients the more male nurses is a good thing because some patients i. e. men prefer to be treated by a man. For example, a man may like to be washed by a man and not a woman for dignity reasons. In addition, for years, the majority of nursing was thought of as a female profession but every year more and more males are joining the nursing profession. Nowadays being a male nurse does not have a stigma attached to it and is now seen as a very good career.

The demand of nurses now in 2010 is by large massive. The NHS is always asking for more nurses. When the baby boom started there was a very large need for nurses but as the baby boom is decreasing now there is time and money for improvement of standards of living and disease control, our citizens are living longer. As the general population increases, so too does

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the demand for nurses. Now more than ever nurses are overworked but with the increasingly shortage of nurses they have to work harder and longer hours, which again is not benefiting the patients. Because of the nursing demand and staff shortage, staffs are taking more sick days due to excessive stress and lack of sleep and self-time. This is because nursing is very demanding on a person not just mentally but physically too. This is seriously compromising the NHS.

In 2010 compared to 1980, there is a lot more technology for nurses to use and to be trained to use. Nurses today have to keep up to date with a lot more technology than a nurse 50 years would have had to. Technology can be seen as a good gadget and as a bad gadget, because not only do nurses have to provide basic and skilled care, they also have to learn how to work with many types of equipment that are specific to their area of expertise. The more popular piece of technology used every day by a nurse is a computer. Nurses use them every day as a way to document the care given to a patient. Although new technology is a good advantage for health care, it has its negatives, for example training the staff to use it costs a lot of money, but on the other hand, it can save life's. Other important technology that is used every day that benefits a patient is, air mattresses as they help to prevent DVT's and assistance with IV insertion which has made things a lot simpler. All of the new high tech equipment being simplified is for user-friendliness, which means that the new methods are speeding things up. Lastly, infection control plays a big part in the NHS every day, so new technology is being developed all the time, although the basic hand washing procedures remain very much the same.

There are many different approaches to nursing care, one being the holistic care. This type of care has become more and more popular. The communications between the Health and Allied Health services improving, a total Patient Care Model has come about. Resulting in decreased in-patient times and better health outcomes. The holistic care has been seen more popular within the complementary therapies and concepts.

The patient load that a nurse has is massive. In America, there was a debate about the amount of patients under care of nurses. In 1999, the debate was won and there was a cap of the amount of patients allowed under care of one nurse. The results have been very effective from happier staff and better care for patients. There should be a cap in the UK. The changes of nursing over the last 10 years have been welcomed with open arms, but there are still teething problems and views that need to be heard. Optimal patient care is in a constant battle with budget and we can expect to see new policy reforms, new technology, and new demands created in the decade to come. It remains the responsibility of not only the nurses, but also the patients of the future, to voice their opinions in order to guide the industry in the right direction.

Nurses are now expected to come with a bigger patient load but more paperwork as well. The importance of the paperwork has increased over the last 10 years. This is due to the society that we now live in as it has been raised to need someone to blame for everything. As a nurse or doctor there are many emotional people around you every day as people are dying all the time. Therefore, sometimes people sue the nurses and doctors as they are upset and think the person died due to the NHS's fault. Following this, nurses

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and doctors keep finding themselves in court. Even if they have not done anything, all allegations have to be investigated. This is the reason for paperwork there is to write up. Paperwork is the only solid setting stone and proof/ backup of a nurse's care. A nurse is required to document every blood pressure reading, every medication, every incident, and every day. They have to account for every action, and put it all in writing. The problem with documentation is that it takes time. More time for documentation means less time for patients. Plain and simple.

The policies that nurses have to follow are very similar across the whole world. In Australia, the 'no-lift' policy was introduced in the late 1990's. To date the policy is still used and the nurses are trained using this policy. No-Lift means using Lifting Machines to mobilise patients, using slide sheets to manoeuvre them around the bed and promoting back care in general. Although this concept is yet to be adopted in the UK, the benefits are becoming obvious and discussions have begun on the implementation of a similar policy in the UK.

There are many different types of nurses that work in the community and in the hospitals. These can range from, Adult nurses, mental health nurses, Children's nurses, Learning disability nurses, District nurses, Neonatal nursing, Health visitors, Practice nurses, Prison nurses, School nurses and Healthcare assistants. There are also many different levels to being a nurse. A health care assistant is under a nurse, and then you have staff nurses, then sisters and ward sisters and then nurse manager/ matron. All in all these all make up our NHS and work as a team to provide the best possible

care for the patient. There is a large scale of pay, which starts at around £13,000 to £67,000. The above table shows how the NHS works.

The last 40 years nurses' uniform has changed but not that much. In the 1960's nurses still wore dresses and stockings. In the 1970's more changes came to the way nurses dressed. Dresses were a little shorter and the white caps were beginning to lose importance in some hospitals across the country. In the 1980's there was an end of the nursing caps altogether. Nurses also began wearing disposable aprons at this point rather than cloth aprons and medical facilities became much less militant in regards to restrictions on jewellery and cosmetics. During the 1990's and today, nursing dresses have been replaced with much more user-friendly scrub suits. Scrub suits can be found in a wide variety of colours and styles. Some hospitals have specific scrub suit colours for different types of hospital staff and others allow nurses and other staff to choose colours and styles that appeal to them. Today's nursing uniforms are designed more for function than form but are also considered much more comfortable than those worn throughout history are.

There are many different theories towards nursing. The three main ones are needs based theories. The main point being that the focus of nursing is the assessment and care of the patients / clients' needs, which they are unable to meet for themselves. The second theory is interactions theories. The main point of this being the focus of nursing is the relationship between the nurse and the patient / client. Lastly, the other theory is the goal-based theories. The main point again being that the focus of nursing is the outcome and

emphasis is placed on facilitating the ability of the patient / client to adapt to changes in their health and regain stability and harmony.

Today in the NHS nursing takes on a role of the biomedical model. The biomedical model has been around since the mid- nineteenth century as the most common model used to diagnose diseases. The biomedical model states that All illness and symptoms arise from underlying abnormality in the body, all diseases give rise to symptoms and that health is absence of disease. The model overlooks the fact that the diagnosis is a result of communication between doctor and patient. Biomedical model has no doubt led to huge medical advances although the patient has little responsibility for presence /cause of illness.

In conclusion, the changes in roles and responsibilities of nurses in the modernisation of the NHS can be beneficial towards the patients but can also be damaging towards the patients. This is due to lack of staff and increased working hours, more paperwork, and more tasks that a nurse has to do and there are generally more patients now than 10 years ago. Therefore, a nurse has less time caring for the patients needs. On the other hand, the modernisation is seen as a good thing because there is more technology nowadays to make the nurses life easier, which also get a more persistent result. Within the context of policies and procedures there are no many more rules than year ago, which does make a nurse's life maybe easier but maybe harder. With all of these changes to nurses and the NHS in general, is the modernization a good thing, does it have the patients interests at heart or is it about saving money?