

A third tier workforce inclusion in nursing management



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Introduction

Global health concerns of new pandemics, problems of ageing, disasters and recent demographic developments prompt the inclusion of semi-skilled workers and unskilled workers into the nursing practice with mixed reactions from diverse quarters (Dawson et al, 2014). The results of these new developments have shown rewards to the medical fraternity and in many medical facilities, the sharp increase in global care needs are addressed albeit with challenges. This paper addresses the nature of challenges that the inclusion of unskilled workforce creates the mechanisms of deployment and appraisal of the quality of service delivery as well as strategies for effective deployment (Leong & Crossman, 2015; Bond & Holland, 2011). The background of the contemporary issues in medical and nursing management stem from the recent globalization of healthcare delivery, multigenerational workforce, challenges of multiculturalism and diversity resulting from diverse moral and social influences among workers and nurses in particular. In the American experience, the greater bulk of unskilled nurses were derived from nursing colleges and medical institutions and comprised students taking courses resulting into the qualification of a nursing practitioner. This is the case among many other countries but a new wave of inclusivity derives from recent increase in demand for nursing practitioners globally due to the pandemics of HIV/Aids, malaria new viral infections, disasters and .

Description of Issues

The key issues regarding the inclusion of unskilled nurses into the workforce are diverse. Many people are concerned about the quality of service delivery

and work effectiveness while governments and institutions consider the economic implications in terms of the costs and benefits. Recent demographic shifts and global immigration are other issues that prompt inclusivity. Age specific diversity, multiculturalism and new workplace arrangements are critical challenges to the process of implementing such a broad spectrum program because there are diverse fault lines that create misunderstanding, uncertainty and conflict (Admi & Moshe-Eilon, 2010). The diversity of qualifications and educational backgrounds is ground rife with many challenges. For instance, poor collegial relations among nurses may result in rapid communication breakdown and imminent staff attrition. Team building is thus a very useful managerial prerogative in the nursing fraternity. Collegiality drastically improves professionalism, which results in work satisfaction for the individual nurses and diminishes their individualistic divisions of age, moral dispositions and ethnicity.

The best ways to manage diversity in the workplace are through recognition that people have diverse dispositions and admitting that the divisions are useful. Another way of addressing the challenge of diversity is through exercising managerial fairness in decisions and work delegation so that a section of the workforce does not feel marginalized or discriminated.

Generational diversity is a fact institutions need to address as we go into a global culture of multiethnic, work, and living environments (Kilpatrick et al, 2014). In addition, the study recommends that consistent studies in economic perspectives of the unskilled worker contribution to the nursing fraternity be carried out to facilitate a gradual transition as other factors change.

Key Factors Prompting the Inclusion of Unskilled Workforce

As a result of radical changes in the medical fraternity globally, there are certain key factors that have been the most influential for the consideration to include unskilled workers into the medical fraternity as nurses. A third tier workforce inclusion in the nursing profession promises to resolve the challenges of understaffing in the medical fraternity and attendant poor service quality as a result of low motivation and an ageing workforce. Nonetheless, such inclusion comes with the problem of diversity and managers and leaders should facilitate effective mechanism of arranging the workplace to yield optimally (Cooke & Bartram, 2015). These key variables are as follows:

Gradual decline in the numbers of nursing practitioners

The foremost key factor causing alterations in medical services is the fact that there was a recent sharp decline in the number of students enrolling into the medical profession and particularly in nursing (Jeon, Merlyn & Chenoweth, 2010). Unskilled nurses demand comparatively low remuneration for equal service delivered while at the same time yield just as much service to the institutions. For economic reasons, it is useful that unskilled nurses be co-opted into service through a formally arranged mechanism. As the number of trained professional nurses decline, there is need that the space created be filled up through some strategic mechanism (Kilpatrick et al, 2014).

Rapidly growing demand for caregivers amid an aging workforce

The demand matrix for medical services however shows that there is currently growing high demand for nursing services and care. The few elderly and experienced nurses can be indulged into the training and mentoring of younger nurses to take over from them while at the same time complementing their services and improving the precarious conditions of a demand crisis (Dawson et al, 2014). Furthermore, in a very competitive world with regard to service delivery, patients and their families or relatives expect the attendance they get to be exemplary. In this scenario, staffing decisions in both private and public healthcare institutions must reflect the tastes of the key clients who are patients.

Increasing Cost of Medical Care

The medical fraternity has undergone a major revolution internationally. The key force making such a revolution is increasing cost of medical care prompting the internationalization of healthcare through various initiatives supported by the World Health Organization, the Centre for Disease Control (CDC), Global Fund, governments and NGOs among many actors (Admi & Moshe-Eilon, 2010). Diverse mechanisms of incentives and management strategies shall have to be co-opted to address issues of international integration and immigration while enabling the utilization of the windfall attainable through unskilled workers. Inclusivity as a means to an end is the best way to go in the medical fraternity because the changes in the economy and the society as whole will eventually tilt in a different direction. As those transitions are witnessed in the sector, gradual change can be achieved by diverse mechanisms of employment creation for the already trained workers.