

lom report essay sample

[Health & Medicine](#), [Nursing](#)



Abstract

In 2010 the Institute of Medicine (IOM) generated a report making recommendations that outline progressive planning for the future of nursing. The Institute has responded to barriers and offers solutions to the rapidly changing healthcare model in light of the affordable care act (The future of nursing: Leading change, advancing health, 2011). This paper will consider the impact of the IOM on nursing education, nursing practice and the nurse's role as a leader. It will examine, what I believe to be positive changes that could be implemented in my practice to meet the goals of the IOM report. IOM REPORT ON EDUCATION Healthcare is rapidly changing, and with the implementation of the Affordable Care Act, the healthcare establishment expects a great influx of customers due to the new insurance coverage of approximately 32 million people. Medical education career paths have shifted to show a decrease in medical students and an increase in Nurse Practitioners and Physician Assistants. This falls well in line with the IOM's goals to meet newly increased demand. Also outlined in their goals is to increase the education levels of nurses all across the board up to and including increasing the number of nurses who hold a doctorate degree. The IOM suggests that by implementing more tuition reimbursement, scholarships and loan forgiveness programs, this can be achieved (The future of nursing: Leading change, advancing health, 2011).

The IOM also calls for an increase in higher level learning facilities and supporting teaching staff to maintain them. While I agree with the reports vision to make education steps seamless and more available, the retention in nursing must be addressed as well. Higher education must not be the path to

leave nursing as nurses choose to advance. Perhaps as nursing education evolves to incorporate more technology, information management, leadership, system improvement, and more, sub-sets of nursing can be established. For example careers could be established such as nursing technology. In this field, nurses experienced in knowing what is needed for bedside care, can develop, implement and train nurses in technology aimed at streamlining care, reducing medical errors, and allow nurses to spend more time in actual nursing practice. If nurses were to feel more productive in their areas of chosen occupation, this would lead to more job satisfaction, better nursing retention and thus reduce cost (Hayhurst, Saylor, & Stuenkel, 2005). IOM Report On Nursing Practice

The IOM report envisions the future of nursing practice to be one that is much more fully integrated into the various systems it serves. It implores that nurses should be “ working as full partners” (The future of nursing: Leading change, advancing health, 2011). According to the IOM, this involves taking responsibility for identifying problems reducing system waste, devising and implementing improvement plans, tracking trends, and making needed adjustments to realize established goals. Nurses should participate in, be leaders and be involved with decision making. They should be engaged in health care reform-related implementation efforts. Nurses also should serve actively on advisory boards making policy decisions (The future of nursing: leading change, advancing health, 2011). While not all nurses can serve on advisory boards, it is essential to educate nurses regarding the financial side of healthcare. This affects not only the hospital, but also nurses themselves, patients and the community as a whole. Nurses must learn to

incorporate into daily practice, efforts that not only help the hospital but the patient. For example, a nurse must be aware that a lag in carrying out orders for a test or procedure, not only prolongs treatment, but it may delay diagnosis, healing and an increase in hospital stay. The patient may become sicker and acquire hospital complications. It not only costs the patient more money, but could in turn cost the hospital as well. That bed could have been used for another patient in need of care.

Nurses Role as a Leader

Hand in hand with education progression and nurses being full partners, the IOM fully expects that many more nurses will emerge as leaders. The report proposes that leadership be embedded in nursing education to prepare nurses for this role. It describes the importance of mentorship in helping nurses to achieve advancement, leadership and partnership. Along with leadership roles a nursing residence or preceptorship program would be prudent to better transition nurses all the way from novice nurse into more multifaceted responsibilities and roles (The future of nursing: leading change, advancing health 2011). What a culture change this would be from nurses who are rumored to “eat their young” to nurses who mentor and guide those around them. A culture of teamwork working towards a common goal would increase nursing retention, satisfaction and in turn produce happy nurses who make happy patients!

Meeting the Goals of the IOM

Many challenges lay in the way of implementing the goals of the IOM. While the goals are necessary, they may be difficult to implement. The challenges are: 1. Achieving a higher education, may be difficult for many. A large percentage of homes are single income and in addition many nurses are

women with children and/or families. A career in nursing provides excellent income for minimal hours to manage these types of situations. With ever changing equipment, policies and technology, nurses are required to attend many hours of education and in-service mandated by their employer. They are required to attend staff meetings and if, as the IOM report calls for, they may also hold positions of leadership, attend board meetings, policy or union meetings: Time for school and advancing one's degree may be very minimal. Even if an employer offers scholarships or tuition reimbursement, it may still be very difficult to afford time and money to attend school. 2. Making nurses as full partners may be very difficult in overcoming the tradition of a physician in this role.

Physicians may feel threatened as nurses become more prominent and educated. They may feel that their roles are not of such importance, that nurses are “overstepping their bounds”. 3. Nurses as leaders; while relevant and necessary, again, disconnect the nurse from the bedside. Nurses who maintain leadership positions for too long may become out of touch with the quickly changing dynamics of the bedside. They often lose respect with their peers as they manage decisions from the comfort of an office. Leadership brings with it a certain amount of authority that could prevent honesty and true partnership in problem solving. To address these problems, I would propose several changes within my practice: 1) I would propose a partnership with a higher education establishment. In this partnership, working nurses could enroll in college that would coordinate with the educational needs of the hospital. Research and learning would directly benefit the real patient population served. In-services, trials, and research

would all count towards college credit. I would also offer financial incentives for advancing one's education. 2) I would create leadership roles that are integrated with the bedside care.

Nurses who desire to serve on boards or committees would be allowed to do so within their workweek and still work traditional shifts at the bedside as desired. 3) I would implement an intensivist with more use of NP or PA's to remain in the hospital. The use of intensivist has been shown to reduce hospital mortality as much as 33% and reduce the length of stay by at least 30% (Rosenfield, et al., 2000). This would also make use of the higher education degrees. 3) Finally, I would establish a residence program to mentor and socialize new nurses in a manner that would promote, partnership, leadership and education. It would lead to greater nurse satisfaction, retention, cost efficiency and better patient outcomes. A mentorship program would not only include a transition into bedside care, but a more comprehensive understanding of the inner workings of healthcare. The trainee would spend time in all the departments and with hospital leaders to gain understanding of the whole picture of health care.

Trainees would not work on their own until deemed ready. While these changes are really my look at a bigger picture, in my own daily practice, I am personally working towards meeting the IOM goals by taking the next step to further my education. I also strive to be aware of costs and educate those around me in this area. I am acutely aware of conserving supplies, advocating against unnecessary testing, and carrying out those necessary in a timely manner to expedite ultimate recovery. I help and mentor those with

less experience than myself whenever I have the opportunity. I will not, anytime soon, however, seek a role in leadership or management because at this point in my career, I just truly love the bedside and the people I serve.

References

Hayhurst, A., Saylor, C., & Stuenkel, D. (2005). Work environmental factors and retention of nurses. *Journal of Nursing Care Quality*, 20 (3), 283-288.

Rosenfield, B. Dorman, T., Breslow, M., Pronovost, P., Jenckes, M., Zhang, N., et al. (2000). Intensive care unit telemedicine: alternate paradigm for providing continuous intensivists care. *Critical care medicine*, 28(12), 3925-3931.

Institute of Medicine.(2011). *The future of nursing: Leading change, advancing health*. Committee on the Robert Wood Johnson Foundation on the Future of Nursing. Washington: (US) National Academies Press.