

Nursing and health developments in scotland



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“ Nursing today still has a focus on supporting people through periods of acute health in hospital and in the community. But more and more it is also about prevention, addressing wider issues around promoting health and wellbeing, tackling complex social circumstances that have resulted in persistent health inequalities, and working to ensure parity of esteem between physical and mental health care” (Scottish Government, 2017a)

This aim of this essay is to discuss the quote given above by the Scottish Government on 2030 vision which explores how there has been significant changes to health care in recent years and how it has become more individualised and person centred. The essay will focus on nursing today and the alterations that nursing has faced in recent years and how the role of a nurse has been changed to meet the needs of specific patient groups. It will explore how nursing is no longer just associated with working in a hospital ward but is more and more being associated with those who work in the community such as district nurses and health visitors. Also how nurses are becoming more involved in preventing ill health and the campaigns which have been put forward by nurses to make healthcare more accessible. The social inequalities between groups in regards to healthcare and how these inequalities are being tackled by nurses. Finally how nurses are trying to close the gap between the medical care which is available for physical conditions compared to the care available for mental health conditions.

Nursing is a profession which is constantly evolving and changing, not only in the sense of the role of a nurse but also the education required for nurses to practice (Theander, et al., 2015). The role of a community nurse is one which has significantly evolved in recent years now allowing them to become

prescribers, make their care more individual to each patient and become more involved in palliative care (Cook and Horrocks, 2016). The development of this role has allowed for nurses to go into patients homes and have conversations with them and their families surrounding end of life care and also allowing them to make the decision if they would like to die in their own home (Cook and Horrocks, 2016). This allows the patient to be more comfortable in their final days and may also make the experience more pleasant for their families which really focuses on person centred care (Cook and Horrocks, 2016). One outcome which can be linked not only to the development in the palliative care nurses can offer but nursing as a whole is that the life expectancy has risen for both males and females (Mathers, et al., 2015). It has been shown that the rise in life expectancy is due to a decrease in infant death rates and an increase in the number of elderly people living for longer (Mathers, et al., 2015). This signifies an improvement as those who would have died years ago are now being kept alive showing that not only has medicine evolved but as has nursing care making it more individualised for each patient an outcome of which is patients living for longer (Mathers, et al., 2015). The evolution of nursing does not just involve the role of a nurse but also the qualifications they require in order to practise and the number of years they are required to train for (Roux and Halstead, 2018). Currently in order to receive the title of a registered nurse a person has to have completed a degree which takes at least three years to achieve (Nursing and Midwifery Council, 2018). Nurses are also required to complete a minimum number of practise hours out in a clinical environment this could be in a hospital or in the community and through these they have to achieve a number of competencies (Nursing and Midwifery Council, 2018). After

completing all of these requirements the individual is able to practise nursing in a clinical environment (Nursing and Midwifery Council, 2018). Due to nurses having to achieve a higher level of education it means they have an evidence-based knowledge degree which can be applied to their practise making for better patient care (Nursing and Midwifery Council, 2018).

The responsibilities of a nurse have also changed in terms of health promotion, it has become a larger part of a nurses role to encourage healthy living (Public Health England, 2019). All registered nurses can now train to become a health-promoting practitioner (Public Health England, 2019). The ‘All Our Health’ campaign was introduced by Public Health England to encourage all members of the multidisciplinary team to use the knowledge they have to teach others about common and preventable diseases in order to try reduce the number of people unnecessarily falling ill (Public Health England, 2019). It is also important for nurses to use this campaign to talk to one another about their health as it has been shown that 25% of NHS workers have a physical health condition (Public Health England, 2019). Showing that those who work as a health professional are not taking their own advice in regards to looking after their health which questions the effectiveness of these health promotion campaigns (Public Health England, 2019). One preventable disease is lung cancer which causes the largest number of mortalities due to cancer worldwide (Islami, Torre and Jemal, 2015). The reason behind most of these people getting lung cancer is through smoking (Alexandrov, et al., 2016). Nurses are now able to do more to help aid people into stopping smoking (Panpakdee, 2018). They run programmes which include anything from talking over the phone to getting

together to have a group discussion (Panpakdee, 2018). These interventions are open to anyone member of the public meaning it is not just those who can afford the help who are receiving it (Panpakdee, 2018). Trying to reduce the number of people who smoke is not only a priority for nurses because of the health benefits of the individuals who are smoking but also for those around them as it has been proven that second hand smoke can be very dangerous to the health of individuals who are exposed to it (Semple, et al., 2014). Another way for nurses to be able to promote health and wellbeing is to become a specialist nurse (Balsdon and Wilkinson, 2014). Becoming a specialist nurse allows a registered nurse to focus more on a specific clinical area which in turn allows them to educate other nurses on their area overall benefitting their practise as they are developing their knowledge (Buckley, et al., 2018). Specialist nurses have also been known to shorten or prevent hospital stays, improve the standard of care and allows the care to be more person centred (Cameron and Johnston, 2015).

Although nurses are doing more and more to teach the general public how to prevent ill health (Scottish Government, 2017a) there are still a lot of inequalities regarding health particularly among those in lower social classes (Marmot and Bell, 2016). It has been identified that many of the tools nurses use to help promote healthy living such as leaflets and websites are not as effective with those of a lower social class as they may not be able to read and also may not have access to a computer (Batterham, et al., 2016). Due to this lack of education it has been shown that those who are more deprived will not live as long as someone who is more affluent (Schnall, et al., 2018). This is why it is important to try close the health gap between social classes

this can be done by educating and offering additional support to those that may require it (Schnall, et al., 2018). One means of education and support is that nurses now work in partnership with schools and colleges in order to encourage children to receive their vaccinations (Royal College of Nursing, 2014). This makes it easier for nurses to be able to promote getting immunised as, if the child is deemed competent, they are able to self consent to getting the vaccination (Royal College of Nursing, 2014). This is important as there is an evident stigma surrounding immunisations and often parents will choose to put off taking their children to get vaccinated (Campbell, et al., 2017). They also offer a day after all of the vaccinations have been given for any children who missed getting the vaccination the first time round to get it that day instead, ensuring no one is missed (Royal College of Nursing, 2014) All vaccinations are free through the National Health Service allowing for anyone who would like to receive their immunisations to do so (Royal College of Nursing, 2018). It is a priority for nurses to encourage both children and adults to get immunised as it reduces the use of antibiotics and hospital stays in the future this takes some strain off of hospitals and GP surgeries (Royal College of Nursing, 2018). Another means of additional support which has been implemented by nurses is the 'Getting it right for every child' campaign (Scottish Government, 2017b). The 'GIRFEC' approach allows for health visitors to help support families who may not be coping as well, they will go for visits more often checking up on the families and also offering any additional support they may require (Scottish Government, 2017b). This is a service which is available to any family and makes it easier for them to get the support they may need as it does not involve any additional competencies (Scottish Government, 2017b).

Not only is there a gap in health inequalities there is also a significant gap in regards to the medical and nursing care which is available for those with a physical condition to those with a mental health condition (Naylor, et al., 2016). In fact it has been shown that a person who has been given a serious mental health diagnosis has a reduced life expectancy, it can be anything up to 20 years less than the average person (Hennessy and Cocoman, 2018). It is also important that nurses are educated on groups such as the LGBT community as this is a group which has been identified to be most in need for mental health services but are unlikely to seek treatment themselves (Steele, et al., 2017). Being educated on the LGBT community allows the nurses not to allow the confusion they may have towards the patients impact the way they are cared for helping to improve patient centred care (Carabez, et al., 2015). The World Health Organisation have also implemented a scheme to be used by health care professionals called the ' Mental Health GAP' in order to ensure that those who present with a mental health condition are being treated with the same concern and respect as someone with a physical condition. In the document it was addressed that healthcare professionals had to " Take a detailed history" of the patient and not to " discriminate against those with MNS conditions" indicating that despite these being basic Nursing and Midwifery Council guidelines for nurses they are not being met in regards to mental health conditions (World Health Organisation, 2016). It is important that mental health conditions be treated with the same severity as physical conditions as someone with a mental health condition such as stress can lead to their physical health deteriorating (Toussaint, et al., 2016). This also works in the opposite way, poor physical health can also lead to a decline in a persons mental health (Naylor, et al, 2016). However it

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is being proposed that the education student nurses are receiving may face some changes in order for them to be able to graduate with the skills and knowledge of how to treat someone with a mental health disorder (Hemingway, Clifton and Edward, 2016) as it has been shown that a lack of education and uncertainty in practise has caused for low physical health and early death in patients with mental health conditions (Hennessy and Cocoman, 2018).

In conclusion, through reference to the quote given above regarding 2030 vision by the Scottish Government this essay has discussed how there has been many developments in nursing in recent years. Most of these developments have come about from changes to society and the general population and ensuring that the care provided by nurses remains up to date and individualised to each patient they treat. This can include allowing people to receive more of their care at home in order to keep them as comfortable and relaxed as possible and surrounding them with a familiar environment, the introduction of nurse led campaigns in order to teach the public about preventing unnecessary ill health. Also ensuring that nurses are providing support to families who may be struggling and in need of more help at home and finally trying to close the gap between mental and physical health by educating nurses about how to help someone with a mental health condition and treating their condition with the same severity they would someone with a physical condition.

Reference list:

- Alexandrov, L., Ju, Y., Haase, K., Loo, P., Martincorena, I., Nik-Zainal, S., Totoki, Y., Fujimoto, A., Nakagawa, H., Shitbata, T., Campbell, P., Vineis, P., Phillips, D., Stratton, M. (2016) ' Mutational signatures associated with tobacco smoking in human cancer', *ScienceWebinars* , (354)6312, pp. 618-622. Doi: 10. 1126/science. aag0299.
- Balsdon, H., Wilkinson, S. (2014) ' A trust-wide review of clinical nurse specialists' productivity', *Nursing Management* , 21(1), pp. 33-37. Doi: 10. 7748/nm2014. 03. 21. 1. 33. e1186.
- Batterham, R., Hawkins, M., Collins, P., Buchbinder, R., Osborne, R. (2016) ' Health literacy: applying current concepts to improve health services and reduce health inequalities', *Public Health* , 132, pp. 3-12. Doi: 10. 1016/j. puhe. 2016. 01. 001.
- Buckley, L., Robertson, S., Wilson, T., Sharpless, J., Bolton, S. (2018) ' The Role of the Specialist Nurse in Gynaecological Cancer', *Current Oncology Reports* , 20(83), pp. 82-83. Doi: 10. 1007/s11912-018-0734-6.
- Cameron, D., Johnston, B. (2015) ' Development of a questionnaire to measure the key attributes of the community palliative care specialist nurse role', *International Journal of Palliative Nursing* , 21(2), pp. 87-95. Doi: 10. 12968/ijpn. 2015. 21. 2. 87.
- Campbell, H., Edwards, A., Letley, L., Bedford, H., Ramsay, M., Yarwood, J. (2017) ' Changing attitudes to childhood immunisations in English parents', *Vaccine* , 35(22), pp. 2979-2985. Doi: 10. 1016/j. vaccine. 2017. 03. 089.
- Carabez, R., Pellegrini, M., Mankovitz, A., Eliason, M., Ciano, M., Scott, M. (2015) "' Never in All My Years...": Nurses' Education About LGBT

- Health', *Journal of Professional Nursing* , 31(4), pp. 323-329. Doi: 10.1016/j. profnurs. 2015. 01. 003.
- Cook, J., Horrocks, S. (2016) ' Community nursing quality indicators for end-of-life care in England: identification, preparation, and coordination', *British Journal of Community Nursing*, 21(3), pp. 118-123. Doi: 10. 12968/bjcn. 2016. 21. 3. 118.
 - Hemingway, S., Clifton, A., Edward, K. (2016) ' The future of mental health nursing education in the United Kingdom: reflections on the Australia and New Zealand experience', *Journal of Psychiatric and Mental Health Nursing* , 23(5), pp. 331-337. Doi: 10. 1111/jpm. 12312.
 - Hennessy, S., Cocoman, A. (2018) ' What Is the Impact of Targeted Health Education for Mental Health Nurses in the Provision of Physical Health Care? An Integrated Literature Review', *Issues in Mental Health Nursing* , 39(8), pp. 1096-4673. Doi: 10. 1080/01612840. 2018. 1429509.
 - Islami, F., Torre, L., Jemal, A. (2015) ' Global trends of lung cancer mortality and smoking prevalence', *Translational Lung Cancer Research* , 4(4), pp. 327. Doi: 10. 3978/j. issn. 2218-6751. 2015. 08. 04.
 - Marmot, M., Bell, R. (2016) ' Socail inequalities in health: a proper concern of epidemiology', *Annals of Epidemiology* , 26(4), pp. 238-240. Doi: 10. 1016/j. annepidem. 2016. 02. 003.
 - Mathers, C., Stevens, G., Boerma, T., White, R., Tobias, M. (2015) ' Causes of international increases in older age life expectancy', *The Lancet* , 385(9967), pp. 484-486. Doi: 10. 1016/S140-6736(14)60569-9.

- Naylor, C., Das, P., Ross, S., Honeyman, M., Thompson, J., Gilbert, H. (2016) *Bringing together physical and mental health. A new frontier for integrated care* . London: The Kings Fund.
- Nursing and Midwifery Council (2018) *Standards for education*. Available at: <https://www.nmc.org.uk/education/standards-for-education2/>(Accessed: 21st January 2019)
- Panpakdee, O. (2018) ' Enhancing nursing competency to incorporate smoking cessation interventions into standard nursing practice for patients with non-communicable diseases', *Tobacco Induced Diseases* , 16(1), pp. 1617-9625. Doi: 10. 18332/tid/84402.
- Public Health England (2019) *All Our Health: personalised care and population health*. Available at: <https://www.gov.uk/government/collections/all-our-health-personalised-care-and-population-health>(Accessed: 29th January 2019)
- Roux, G., Halstead, J. (2018) *Issues and Trends in Nursing* . Burlington: Jones and Bartlett Learning.
- Royal College of Nursing (2014) *Nurse-led immunisation of school-aged children* . Available at: <https://www.rcn.org.uk/professional-development/publications/pub-004541>(Accessed: 5th February 2019)
- Royal College of Nursing (2018) *CONSULTATION RESPONSE: Cost Effectiveness Methodology for Vaccination Programmes* . Available at: <https://www.rcn.org.uk/about-us/policy-briefings/contr-2518>(Accessed: 5th February 2019)
- Schnall, P., Dobson, M., Rosskam, E., Elling, R. (2018) *Unhealthy Work* . New York: Routledge.

- Scottish Government (2017a) *Nursing 2030 Vision* . Available at: <https://www.gov.scot/publications/nursing-2030-vision-9781788511001/pages/6/>(Accessed: 5th February 2019)
- Scottish Government (2017b) *Children and Young People Act: statement on information sharing provisions*. Available at: <https://www.gov.scot/publications/children-and-young-people-scotland-act-2014-ministerial-statement-on-information-sharing-provisions/>(Accessed: 30th January 2019)
- Semple, S., Apsley, A., Ibrahim, T., Turner, S., Cherrie, J. (2014) ' Fine particulate matter concentrations in smoking households: just how much secondhand smoke do you breathe in if you live with a smoker who smokes indoors?', *Tobacco Control* , 24(3), pp, 205-211. Doi: 10.1136/tobaccocontrol-2014-051635.
- Steele, L., Daley, A., Curling, D., Gibson, M., Green, D., Williams, C., Ross, L. (2017) ' LGBT Identity, Untreated Depression, and Unmet Need for Mental Health Services by Sexual Minority Women and Trans-Identified People', *Journal of Woman's Health* , 26(2), pp. 116-128. Doi: 10.1089/jwh.2015.5677.
- Theander, K., Wilde-Larsson, B., Carlsson, M., Florin, J., Gardulf, A., Johansson, E., Lindholm, C., Nordström, G., Nilsson, J. (2016) ' Adjusting to future demands in healthcare: Curriculum changes and nursing students' self-reported professional competence', *Nursing Education Today* , 37, pp. 178-183. Doi: 10.1016/j.nedt.2015.11.012.
- Toussaint, L., Shields, G., Dorn, G., Slavich, G. (2016) ' Effects of lifetime stress exposure on mental and physical health in young adulthood: How stress degrades and forgiveness protects health',

Journal of Health Psychology , 21(6), pp. 1004-1014. Doi: 10.1177/1359105314544132.

- World Health Organisation (2016) *mhGAP Intervention Guide* . Switzerland: World Health Organisation.