



## OVERVIEW ROLES OF REGISTERED NURSES, AND PRACTITIONERS IN RECOGNIZING CRITICAL PATIENT IN PRIMARY CARE SETTINGS

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### **Abstract:**

Despite the fact that registered nurses and practitioners are progressively getting integrated into primary care teams, there is a significant amount of variation in the duties and responsibilities that nurses are expected to do across different organizations. Policymakers are requesting that a more in-depth investigation be conducted on the most effective ways to use registered nurses in primary care teams. The ability of policymakers to provide recommendations to successfully deploy registered nurses in primary care, which is necessary to ensure efficient, evidence-based, and high-quality health care, is hindered by a lack of information about the duties and responsibilities of effective primary care nursing. It is possible that the incorporation of registered nurses into primary care will result in an increase in the number of patients who have access to primary care providers. This is due to the fact that registered nurses are able to supplement part of the workload of primary care providers by renewing prescriptions, responding to patient queries, and providing patient education. For the purpose of providing nursing care that is both safe and effective, registered nurses should be responsible for writing clear practice guidelines and nursing policy.

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### **Introduction:**

There is a growing number of requests for the enhancement of collaborative care, which would result in the provision of the best possible care to patients. Collaboration between primary care (PC) and public health (PH) is one method that may be utilized to enhance the efficiency of the healthcare system [1]. The administration of communicable disease management, environmental monitoring, and health promotion are all tasks that are mandated by law for the public health system. It is the responsibility of primary care to serve as the "first door" to the healthcare system. Primary care is responsible for delivering holistic health care to patients throughout their whole lives, from childhood to older adults. There is evidence to show that collaboration between PC and PH systems can be especially advantageous in situations when the administration and delivery of care is complicated [2]. The management of communicable diseases like influenza, the treatment of chronic diseases like diabetes and asthma, the provision of complex maternal and child health care, and the provision of care to vulnerable populations experiencing health and social inequities are all examples of areas of care that would benefit from collaboration between primary care physicians and primary health care providers. On the other hand, health care might experience fragmentation and discontinuity, which makes it challenging for PH and PC to collaborate [3]. According to the objectives of this study, collaboration refers to the process by which healthcare professionals take on tasks that are complimentary to one another and work together to achieve a common aim of improving patient care [4]. As the largest health professionals in each of these systems, doctors and nurses are the ones who would be responsible for performing this joint job, according to the workforce study. As a result of the scale of their workforce, Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Nurse Practitioners (NPs) have the potential to play a significant part in enhancing the collaboration between PC and PH [5].

### **Review:**

As the population as a whole continues to age and an increasing number of patients continue to live longer with numerous chronic conditions, the need for primary care services is growing on a global scale. Patients are required to get primary care services on an ongoing basis, which may include monitoring of their health and aftercare [5]. A significant number of nations are experiencing serious shortages of primary care professionals, in

addition to the significant growth in the demand for health care services. To satisfy the requirements of patients all around the world in terms of medical treatment, the World Health Organization (WHO) estimates that there is a requirement for 4.3 million medical professionals, including nurses, midwives, and support staff [6]. In order to satisfactorily fulfill the demand for primary care services, the United States of America (US) alone will require an extra 52,000 primary care physicians by the year 2025. In spite of the fact that primary care physicians provide for about 70 percent of all medical services in Spain, there are twice as many physician specialists as there are primary care physicians. In addition to the Ministry of Health and Social Policy, etc. Since there has been a growth in the demand for primary care services, national policymakers, such as those in the United Kingdom, have decided to devote significant funds in order to guarantee that primary care services would be provided adequately by the year 2020 [7].

When it comes to providing medical attention to patients, primary care delivery models have traditionally relied on the workforce of physicians. In such models, patients are typically assigned to a single primary care provider, also known as a general practitioner. This provider is responsible for a variety of patient care activities, including the assessment, diagnosis, and treatment of patients across multiple visits, as well as assisting patients in navigating the various components of the healthcare system [8]. Despite the fact that these models have been utilized for a considerable amount of time, they are no longer suitable for the supply of treatment currently. A single primary care physician who works alone would require an estimated 21 hours per day, according to the findings of a research that was carried out in the United States [8]. This is the amount of time that would be required to complete all appropriate patient care requirements. Therefore, the majority of proposals that seek to improve patients' access to treatment and raise the quality of patient care highlight the significance of care delivery models that are based on the collaboration of several members of a team [9]. These models involve the collaboration of professionals from a wide range of specialties, such as doctors, nurses, pharmacists, social workers, and others, in order to provide treatment to patients.

The concept of health care equality is centered on the idea that all individuals should have access to high-quality medical treatment. Despite the fact that health care is a downstream driver of health, differences in health care access and quality have

the potential to extend and worsen the disparities that are caused by upstream and midstream determinants of health outcomes.

The capacity to get admission into the health care system through health insurance, geographic availability, and access to a health care practitioner are all components that are included in the understanding of what constitutes access to excellent health care, as stated by Healthy People 2020. The term "health care quality" refers to "the degree to which health care services for people and populations enhance the likelihood of desired outcomes and are compatible with current professional knowledge" [8]. This definition was developed by the American Medical Association. According to the definition provided by the Agency for Healthcare Research and Quality (AHRQ), quality health care is defined as "doing the right thing for the right patient, at the right time, in the right way to get the greatest possible results." For the purpose of delivering care that is safe, effective, person-centered, timely, efficient, and equitable, nurses are responsible for providing high-quality care [9].

Rather than focusing on the underlying causes of health outcomes, frameworks for social determinants of health (SDOH) place the health care system in a downstream position, meaning that it operates in reaction to sickness rather than upstream, where it has an effect on the health outcomes themselves. Therefore, health care does not address the majority of the upstream factors, also known as the root causes of illness, that have an impact on health equity. Upstream social factors, such as economic and housing instability, discrimination and other forms of racism, educational disparities, and inadequate nutrition, can have an impact on an individual's health before the health care system is ever involved [9].

The environment in which the next generation of nurses will practice and lead will be significantly altered as a result of significant developments that are taking place not just in society as a whole but also within the health care industry. The changing demographics, which include a decline in both physical and mental health, an increasing focus to issues of racism and equity, the development and acceptance of new technology, and shifting patterns of health care delivery are all included in these developments. The global movement for racial justice, in conjunction with the significant racial inequalities in the implications of COVID-19, has strengthened the ethical duty of the nursing profession to fight for racial justice and to assist in combating the imbalances that are inherent in the existing health care system. The commitment to

social justice is represented in clause 9 of the Code of Ethics of the American Nurses Association, and the importance of social justice has been heightened as a result of the rising demand for social justice within communities and society as a whole [10].

It will be necessary to take action at all levels—upstream, midstream, and downstream—in order to bring about a change in health outcomes. Nurses play a significant role at all levels in narrowing inequalities in clinical outcomes and enhancing health care equity. It is possible for nurses to increase their commitment to diversity, equity, and inclusion by taking the lead in conducting large-scale initiatives to eliminate structural factors that contribute to inequality and to establish new standards and skills within the health care industry. In order to successfully complete this process, nurses will be required to address the many ethical concerns that will emerge as the health care industry reorients itself to adapt to the quickly shifting environment [10].

The United States of America spends more than \$3.5 trillion annually on health care, which is 25 percent higher per capita than the next highest-spending country. Despite this, the United States is not very successful in practically every statistic. With regard to life expectancy, infant mortality, and maternal mortality, the United States of America has a significantly lower rate than the majority of wealthy countries. Furthermore, in the United States, gaps in health care access and health outcomes are found across racial lines. On the other hand, the ability to employ social and financial resources to purchase the greatest health care is not always correlated with the best health results around the world. There is still a significant gap between the health indices of the United States and those of many other nations, even among White inhabitants of the United States and those with higher socioeconomic level (SES). In order for the population of the United States to completely prosper, it is necessary that all persons, regardless of their wealth, race or ethnicity, or where they live, have the opportunity to live the healthiest life possible. However, a person's capacity to get health care that is of good quality, equitable, and cheap is significantly impacted by factors such as their color and ethnicity, income, gender, and geographic location. In order to guarantee that everyone has equal access to medical treatment, a wide range of specialists from both inside and outside of health care settings are involved in the efforts. However, the role that nurses play in these efforts is extremely important because of the interactions that they have with patients and their families in the process of

providing and coordinating person-centered care for preventive, acute, and chronic health needs within health settings, working in collaboration with social services to meet the social needs of patients, and participating in broader population and community health through roles in public health and community-based settings [11].

In the United States and around the world, the rapid increase in the number of elderly people in the population is likely to result in an increase in the demand for services and programs that are designed to meet the health and social care needs of older people. This demand is likely to include care for chronic conditions, which accounts for approximately 75 percent of all primary care visits [12]. The changing demographics of the patient population will also bring about a shift in the kind of medical treatment that will be required. People who are older typically have a greater need for more expensive medical care, as well as a greater requirement for assistance in managing numerous illnesses and maintaining their health and resilience as they age. It is because of these facts that it is vital to create, test, and implement models of chronic care. In these models, teams are essential to the management of chronic illness, and registered nurses (RNs) play a key role as chronic disease care managers [12].

Since the Patient Protection and Affordable Care Act was passed, significant changes have taken place in the structure and delivery of primary care. These changes have placed an emphasis on increased team engagement in treatment and expanded the duties of each member of the team, including registered nurses [13]. Participation of registered nurses (RNs) as members of a team has the potential to enhance access to treatment, enhance the quality of care and coordination for chronic illnesses, and minimize burnout among primary care practitioners by increasing the capacity of primary care institutions [13].

### Conclusion:

In light of the fact that health care organizations are transitioning toward team-based care delivery models in order to cater to the requirements of patients in primary care, it is of the utmost importance to make efficient use of all of the primary care workforce resources that are available, including registered nurses, in order to fulfill the demand for high-quality patient care. Within the context of primary care settings in six different nations, this review offers evidence of the duties and responsibilities that registered nurses now have. When nursing practice is guided by defined practice guidelines and nursing policy, the

incorporation of registered nurses (RNs) into primary care teams has the potential to both increase the number of patients who have access to primary care services and reduce the amount of work that is required of the organization. RNs need to be more involved in the process of formulating policies and doing research about primary care in order to maximize the efficiency with which they are utilized. Further investigation of multimorbidity registered nurse practice standards and payment models that incorporate RN-specific activities is encouraged. In addition, it is recommended that these be researched further.

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