THE ROLE OF NURSES IN IMPROVING HEALTH CARE ACCESS AND QUALITY

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Abstract

Back ground: US health care delivery needs a major makeover to be successful, sustainable, and inexpensive. Early & regular primary care use improves the well-being of patients, minimizes health inequities, & optimizes costs of health care.

Objectives: assess how nurses promote access of health care & quality.

Patients and methods: That study was prospective study. The study was included 100 participants.

Results: Regarding our results, there were 24% Nurse Educator, 16 % were Clinical nurse specialist, 12% were Academic faculty, 7% were Staff nurse and 4% were Academic administration, 72 % of Participant were serving in an EBP mentor role. According to Type of primary work setting, we found that 27 % work in Community hospital, 39 % in Academic medical center and 28 % in Academic institution, 2 % in Primary care practice and 1 % in Community health setting, 47 % of Participant Worked in a Magnet designated institution**.** According to Round 1 APN Competencies, the mean Consensus was 4.9 ± 0.3, 1.54% required rewording and re-voting while 98.46% not require. According to Round 2 Registered Nurse (RN) Competencies, the mean Consensus was 4.5±0.5 and 98% with Consensus Met.

Conclusion: Health care reform is a key national debate, focusing on reshaping individual care, particularly vulnerable ones. Primary healthcare delivery models effectively provide patient-centered care.

Key words: Nurses, Health Care, Access and Quality

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INTRODUCTION

US health care delivery needs a major makeover to be successful, sustainable, and inexpensive. Early and constant primary health care use promotes health of the patient, minimizes health inequities, & optimizes expenditures on healthcare [1, 2].

Redesigning services of primary health care will be required due to elderly demographics, rising health care costs, and the expected requirement for thirty-four million more health insurance recipients due to the Protection of patient & Affordable Care Act [3, 4].

This issue is made worse by a growing primary care staffing deficit & dissatisfaction of provider with the present of workplace in primary health care [5].

Professionals nationwide are reinventing primary health care with a focus on teamwork to increase clinician satisfaction & health benefits for individuals, groups, and communities [6, 7].

The roles & responsibilities of all health care professionals must be rapidly reconceived to maximize the care delivery team's competence, like the RN, within these reinvented models of primary health care [8].

A 7-member of the team from two thousand twelve (RWJF) Executive Nurse Fellow action learning team with academic, the government, & service sector expertise examined the role & economic consequences of RNs in primary health care [9, 10].

Our study examined how nurses promote health care and quality.

PATIENTS AND METHODS

The study was a prospective study that included 100 participants.

RESULTS

Table (1): Demographic data of Participant in this study

	Studied patients n=100			
	Mean ± SD	**Median**	**Min**	**Max**
Age				
	49±12	52	23	73
Years in active clinical practice				
	21± 9.75	25	1	40
Years as an advanced practice nurse				
	11± 8.25	7	0	37
Number of years as an EBP mentor				
	4±3	4	0	13
	N %			

According to demographic data, this table shows that mean age of Participant was 49±12, mean Years in active clinical practice was 21± 9.75, Years average as a professional practice nurse was 11± 8.25 & average Number of years as an EBP mentor was 4±3.

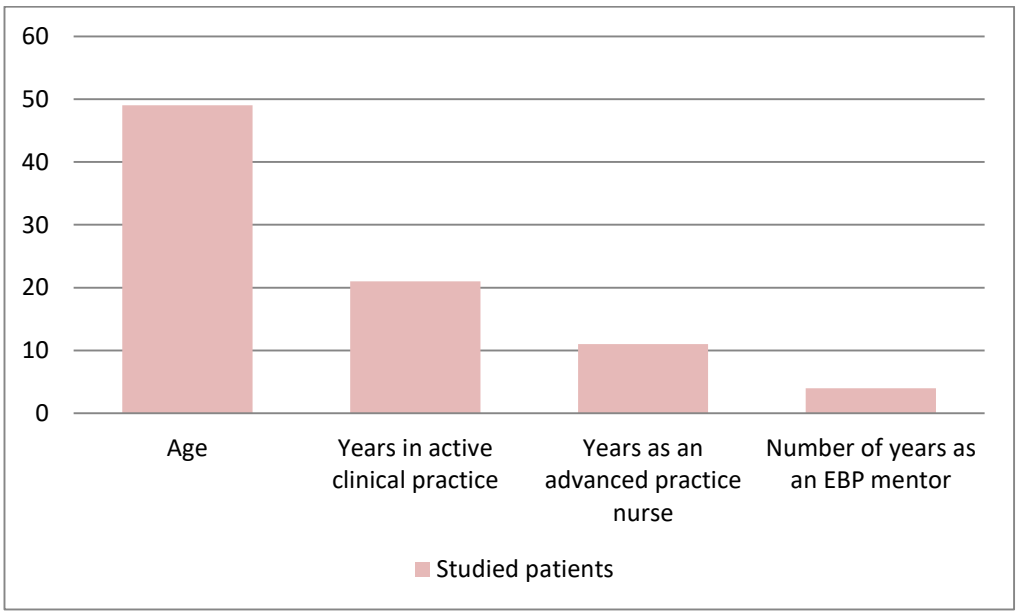

Fig (1): distribution of Demographic data of Participant in this study.

Table (2): Race, Ethnicity and Education of Participant and Current position of Participant in this study.

	Studied patients n=100
	N %
Race	
White	90 (90%)
Black or African American	4(4%)
Native Hawaiian or another Pacific Islander	3(3%)
Asian	3(3%)
Ethnicity	
Not Hispanic or Latino	97 (97%)
Hispanic or Latino	3 (3%)
Education	
Bachelor's	13(13%)
Master's	57(57%)
PhD	22(22%)
DNP	2 (2%)
Other	6 (6%)
Current position	
Staff nurse	7 (7%)
Nurse practitioner	3 (3%)
Clinical nurse specialist	16 (16%)
Clinical nurse leader	1 (1%)
Nurse educator	24 (24%)
Nurse manager/administrator	2 (2%)
Academic faculty	12 (12%)
Academic administration	4 (4%)
Other	31 (31%)
Currently serving in an EBP mentor role	
Yes	72 (72%)
No	28 (28%)

According to Current position, this table shows that the most frequent race was White (90 %) followed by African American or Black (4%) then other Pacific Islander or Native Hawaiian & Asian (three percent). Ethnicity was Not Latino or Hispanic (97 %) followed by Hispanic or Latino (3%) and the most frequent Education was Master's (57 %) followed by PhD (22 %) then Bachelor's (13 %). There were 24% Nurse Educator, 16 % were Clinical nurse specialist, 12% were Academic faculty, 7% were Staff nurse and 4% were Academic administration, 72 % of Participant were assisting in the role of an EBP mentor.

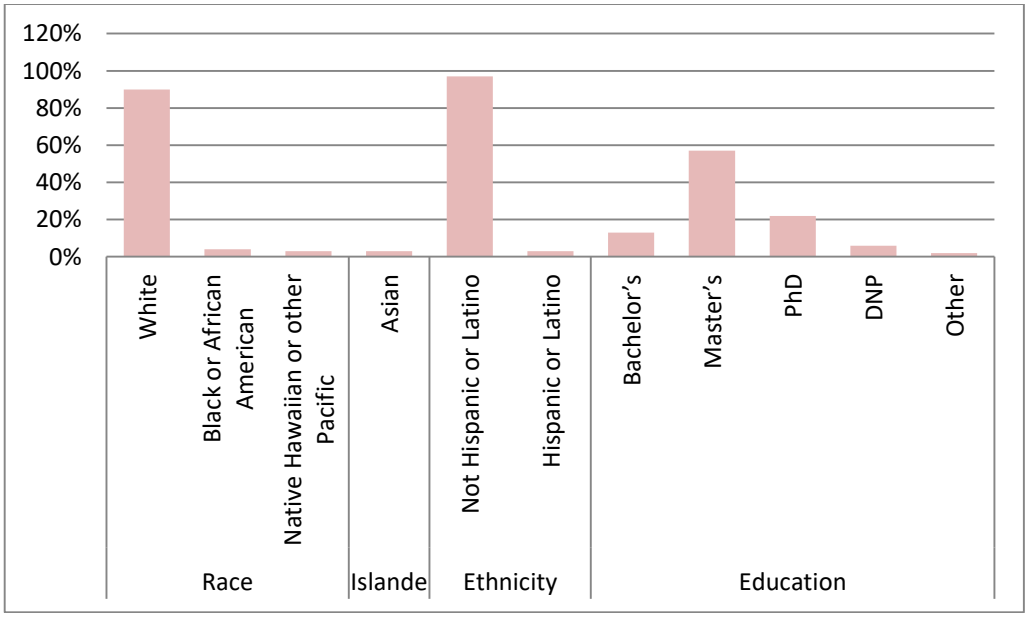

Fig (2): distribution of Race, Ethnicity and Education of Participant in this study.

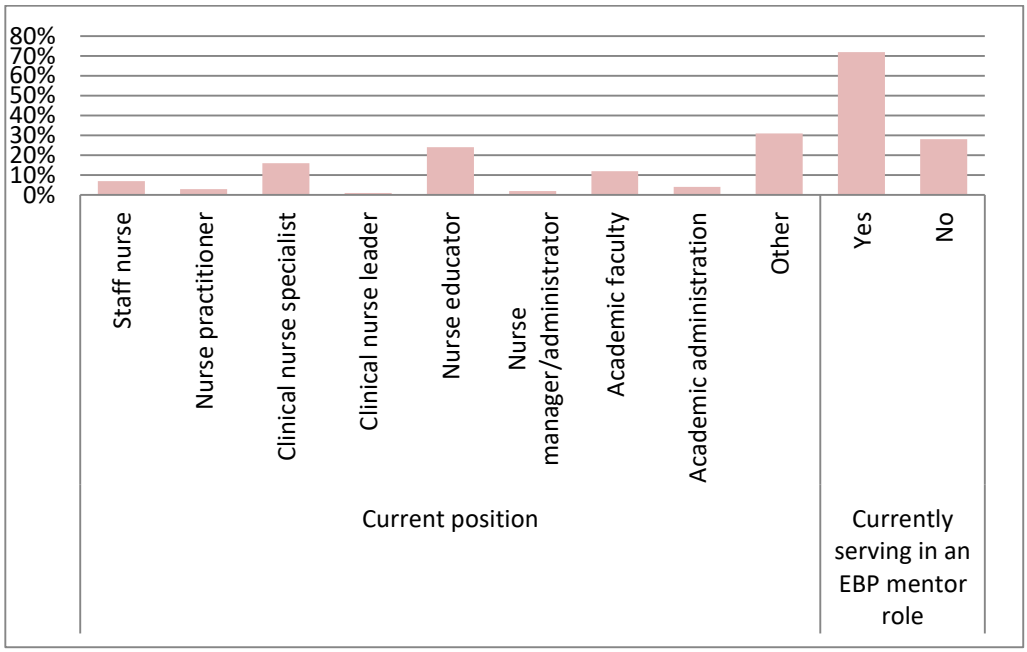

Fig (3): distribution of Current position of Participant in this study.

Table (3): Organization of Participant in this study.

	Studied patients n=100
	N %
Type of primary work setting	
Community hospital	27 (27%)
Academic medical center	39 (39%)
Academic institution	28 (28%)
Primary care practice	2 (2%)
Community health setting	1 (1%)
Other	3 (3%)
Work in a Magnet designated institution	
Yes	47 (47%)
No	53 (53%)

According to Type of primary work setting, this table shows that 27 % work in Community hospital, 39 % in Academic medical center and 28 % in Academic institution, 2 % in Primary care practice and 1 % in Community health setting, 47 % of Participant Worked in a Magnet designated institution.

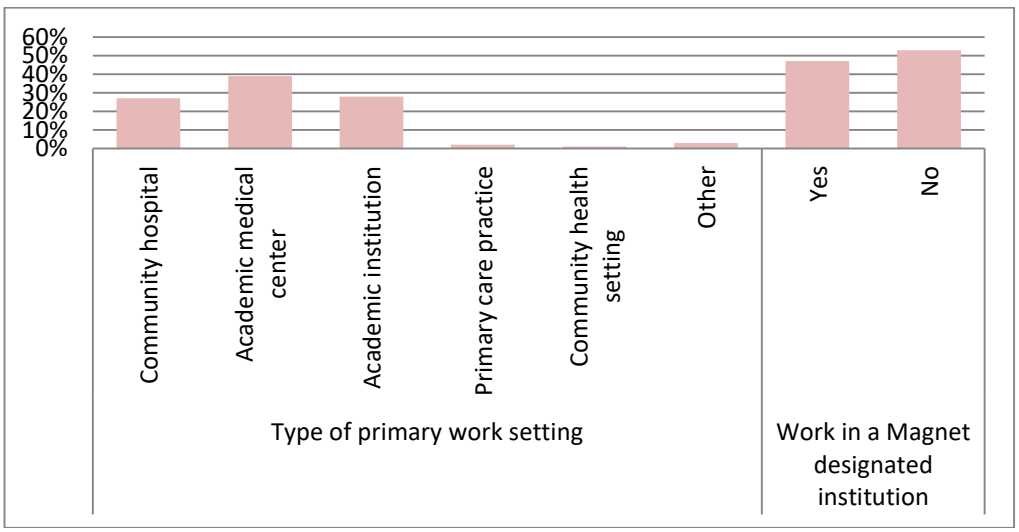

Fig (4): Study participant primary work setting distribution.

Table (4): distribution of Round 1 Registered Nurse (RN) Competencies in this study.

	Studied patients n=100
Consensus	
Mean ±SD	4.8±0.4
Reword	
Yes	4(4%)
No	96(96%)
Revote	
Yes	4(4%)
No	96(96%)

According to Round 1 Registered Nurse (RN) Competencies, this table shows that mean Consensus was 4.8±0.4, 4% required rewording and re-voting while 96% not require rewording and revoting.

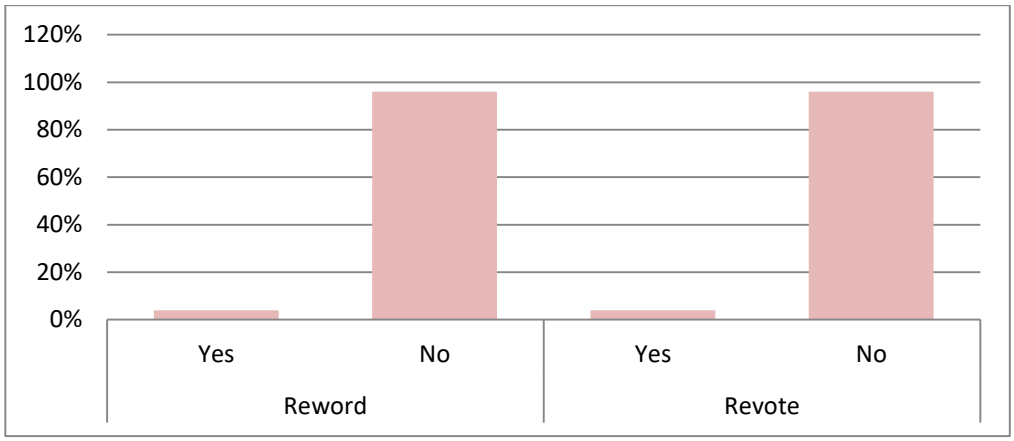

Fig (5): distribution of Round 1 Registered Nurse (RN) Competencies of Participant in this study.

Table (5): distribution of Round 1 APN Competencies in this study

	Studied patients n=65
Consensus	
Mean ±SD	0.3 4.9 ±
Reword	
Yes	1 (1.54%)
No	64 (98.46%)
Revote	
Yes	1 (1.54%)
No	64 (98.46%)

According to Round 1 APN Competencies, this table shows that mean Consensus was 4.9 ± 0.3, 1.54% required rewording and re-voting while 98.46% not require.

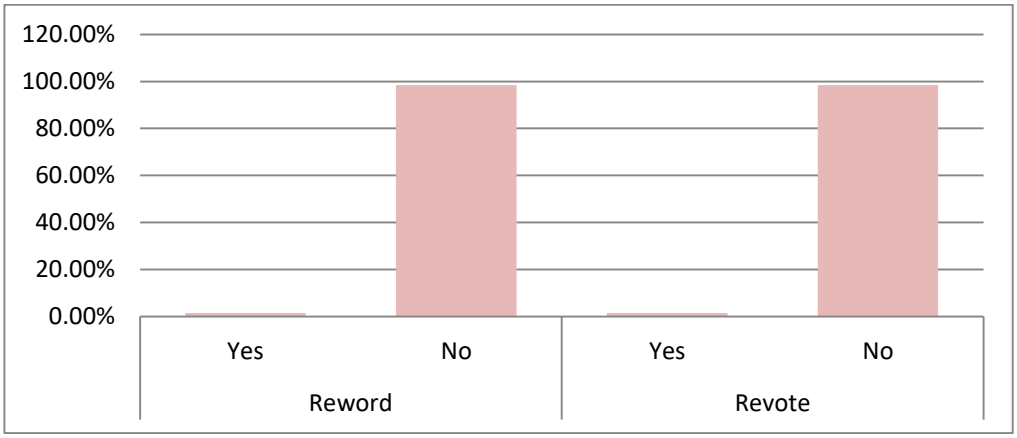

Fig (6): distribution of Round 1 APN Competencies of Participant in this study.

Table (6): distribution of Round 2 Registered Nurse (RN) Competencies in this study.

	Studied patients n=74
Consensus	
Mean ±SD	4.5±0.5
Consensus Met	
Yes	98 (98%)
No	2 (2%)

According to Round 2 Registered Nurse (RN) Competencies, this table shows that mean Consensus was 4.5±0.5 and 98% with Consensus Met.

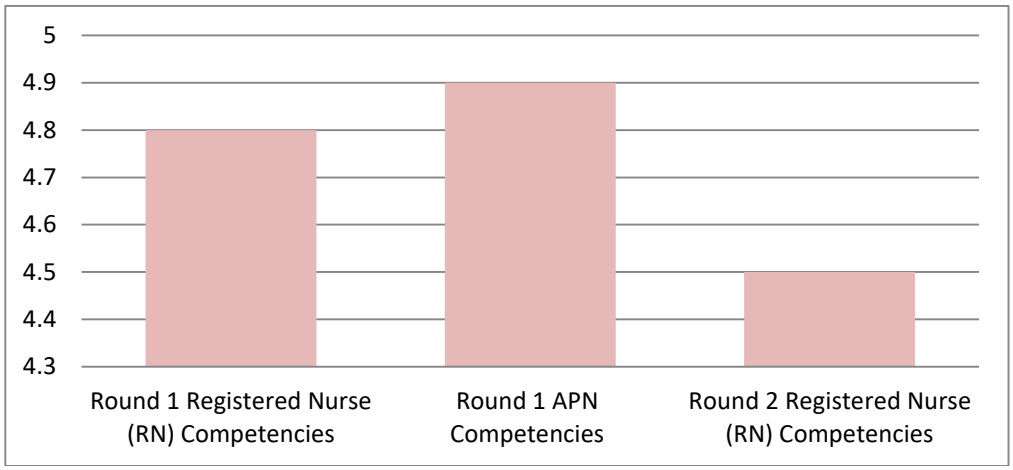

Fig (7): distribution of mean Consensus in this study.

DISCUSSION

Health service accreditation is a primary driver of safety and quality in healthcare since it assesses and enhances performance of healthcare to a maximum standard. The ability of accreditation to offer high-quality & care of patient safety is disputed due to an absence of proof [11, 12]. Thus, they will likely be essential for attaining these criteria & optimizing care. Additionally, multiple standards are nursing-sensitive, meaning they apply to nursing care & collaborative care with other professionals [13].

The number of hours of care available, the variety of skills in staff of nursing (that is, the proportion of registered nurses offering care), & the environment that they work affect nurses' ability to intervene & give quality care. These characteristics affect rates of adverse event rates [14].

According to demographic data, the mean age of Participant was 49±12, mean Years in active clinical practice was 21± 9.75, mean Years as a professional practice nurse was 11± 8.25 and mean Number of years as an EBP mentor was 4±3. The similar results were reported in [15, 16].

According to Current position, this table shows that the most frequent race was White (90 %) followed by African American or Black (4%) then other Pacific Islander or Native Hawaiian & Asian (three percent). Ethnicity was Not Latino or Hispanic (97 %) followed by Latino or Hispanic (3%) and the most frequent Education was Master's (57 %) followed by PhD (22 %) then Bachelor's (13 %). There were 24% Nurse Educator, 16 % were Clinical nurse specialist, 12% were Academic faculty, 7% were Staff nurse and 4% were Academic administration, 72 % of Participant were serving in an EBP mentor role.

According to Type of primary work setting, we found that 27 % work in Community hospital, 39 % in Academic medical center and 28 % in Academic institution, 2 % in Primary care practice and 1 % in Community health setting, 47 % of Participant Worked in a Magnet designated institution**.** Our results were consistent with Grant et al and Laserna et al [17, 18].

Our results showed that regarding Round 1 APN Competencies, the mean Consensus was 4.9 ± 0.3, 1.54% required rewording and re-voting while 98.46% not require. According to Round 2 Registered Nurse (RN) Competencies, the mean Consensus was 4.5±0.5 and 98% with Consensus Met.

Lamb et al. [19] examined these nurses' skills. The seven competences like rapid patient care, professional practice nursing, interdisciplinary collaboration, diagnostic evaluation, & consultation, leadership & management of system, documenting patient care & supporting patient &

family decision-making. Advanced Practice Nurses in emergency & critical care have different competencies.

Wheeler et al. [20] described the global condition of education, regulation, & development of practice climate & practice of APN practice. Finding gaps in these regions with a role of another goal to suggest future activities. The study team created an online poll on roles of practice APN, education, regulation/credentialing, & practice climate. The study began throughout the tenth Annual ICN NP/APNN Conference in Rotterdam, Netherlands, in 2018 in August. Several venues published survey links throughout the next year. Survey findings from three hundred &twenty-five respondents from twenty-six countries were descriptively evaluated. Advances was made, particularly in learning, but the APN profession worldwide still struggles with titling, regulatory development, protection of title, accreditation, & practicing restrictions. APNs could help achieve the UN's Sustainable Development Goals of universal health care; the scientists concluded. Many suggestions are given to help APNs attain these aims. Hämel et al. [21] discuss the way APN nurses require cooperative & skills management in order to interact & make discussion with gatekeepers of particular treatment in outpatient clinics, hospitals, & other public health facilities in order to assist patients & their families handle with complex health situations throughout sectors & institutions. Krug et al., Ljungbeck et al. and Nardi et al. [22-24] also emphasize the significance of APN nurses having advanced cooperative competencies in a multidisciplinary effort, but they require knowledge of the patient's overall situation, & the outcomes from the overall clinical health assessment for patient can prevent unnecessary hospitalizations.

CONCLUSION

Health care reform is a key national debate, focusing on reshaping individual care, particularly vulnerable ones. Primary healthcare delivery models effectively provide patient-centered care, and RNs should be included in primary healthcare teams. More research is needed to clarify advanced care nurses' vital roles in healthcare.

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