

A nursing discord through generation

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ABSTRACT

Nursing outcomes refers to the application and management of health service delivery incorporating its effect on patient care, quality and cost of services, and provider consumer relationship. Service is not one dimensional because every consumer of care is different, and every situation varies. Service is something intangible, spontaneous, heterogeneous, and unpredictable.

Nursing outcomes, just like nursing care, illustrate the primary dimensions of patient centered care that include respect for patient's values, expressed needs, and preferences; coordination and integration of care; information, communication, and education; transition and continuity; physical and psychosocial comfort; emotional support and alleviation of anxiety and fear; and involvement of friends and family in the delivery of service.

Keywords: Globalization; Processes resources organizational elements and strategies (PROS); Quality Improvement (QI); Proliferation

INTRODUCTION

Nursing outcomes is measured through patient satisfaction, staff recruitment and retention, service cost ratio, profit and reimbursement rates, standard of care, and quality measures. Decisions to change, modify, or improve systems or processes are made based on data (e.g., patient satisfaction scores, the incidence of falls and pressure ulcers, turnover rate, reimbursement rate, etc.). Improvement strategies at the organization level involve internal and external benchmarking, identifying opportunities for system evaluation, management modification, review of performance initiatives scorecards, and service data analysis. Improvement of the quality of service, particularly nursing care, is a continuous process that involves a change in a system or process to achieve a better outcome. Participation and empowerment initiatives on an individual, unit, or organizational level must be built to promote a culture of ownership. Applying evidence based principles can help redesign work processes to meet the consumer's needs and decrease unnecessary costs from waste, rework, and not meeting regulations. Nurses, having an integral role in care delivery, are quasi public figures; the public's interest in them and their organization is a function of the latter's prominence in the communities they serve. Nurses must be prepared to accept this trust and use the public's confidence to improve health and service such a role demands exceptional performance.

self and others, improving healthcare, advancing the profession, collaboration, and obligations to the profession [3,4].

The tumultuous change in health care seen in the last decade provides valuable lessons in how political forces shape health policy in the public and private sectors. Nursing itself is one of these forces. Whether nursing will remain a political force in the future depends on how well nurses/advanced practice nurses understand the policy process and its political dynamics and how engaged they are in the process. Synthesizing the chasm of nursing in generations, a duty based approach to healthcare provides an impetus for transformation and a channel for change, particularly in the economic, social, and political environment in which healthcare organizations thrive [5]. It can help professionals, especially nurses understand one another's responsibilities and accountabilities, open new avenues of communication, energize people, and may result in more standardized care delivery. They also build values that support ethical professional practice and compromised decision making with a clear headed acknowledgment of the diversity of philosophy at stake and an attempt to answer indifferences [6-8].

Globalization is shifting relationships, changing how products and services are delivered, and being impacted by rapidly changing demographics and values among the younger generation fueled by social media and technology. Leaders have expanded their efforts and incorporated the concept of diversity and inclusion into strategies upon realizing that their communities and customers are changing in their demographic makeup. Nurses were excited about their newly achieved potential to influence national health policy. There was a great sense of accomplishment and collaboration within organized nursing. More than 70 national nursing organizations were signatories to nursing's agenda for healthcare reform. The document defined the principles nursing believes should drive decision making in the U.S. healthcare system. It was timely and reflected the values of many progressive health groups, including the American public health association, and American college of healthcare executives, in relation to promoting access to care, ensuring the universality of coverage through public and private financing, shifting resources to primary care, involving consumers in health care decision making, and emphasizing quality [9,10].

Nursing profession, policies, and politics

Nursing was ready because of the growing sophistication in the world of policy and politics. An increasing number of nurses understood they had to be players in shaping public and private policies that determine the nature of health care in this country and their workplaces. They knew mobilizing community support for their issues was paramount. And they knew their efforts would, in turn, influence the community's health level. As a result,

LITERATURE REVIEW

Reflection on nursing practice

Outcome measurement sets standards and provides stakeholders with institutional goals and objectives to attain and help realize when the direction is achieved. Quality of care can be improved at each step of developing, implementing, and evaluating care and service delivery standards. Improvement in nursing practice can be obtained in a climate that encourages accountability and a desire for progress. Outcome management represents the pattern of care and the desired patient outcomes [1]. It is multidimensional, as it requires linkages between the processes of clinical care and the outcomes achieved. The essence of outcome measurement is to improve performance, transform data into information, and operationally define functional practice domains. Quality sets client centered goals to enhance care and evaluate clinical outcomes. For a generation, nursing as a profession and practice has been challenged by various factors that produced schism and dissension in its application [2]. Nonetheless, the code of expectations runs a gamut that includes principles to guide practice, primarily commitment to the patient, individual accountability, duties to

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nurses no longer questioned whether being professional included being political. The main goal of such leadership provided by the profession and educational institutions usually amounts to maximizing influence by providing strength in numbers to pursue strategic policy goals. Still, other advantages include selective benefits such as information or timely intelligence about the process or demonstrating solidarity with another organization [11,12].

Coordination of activities at the local and national levels of the organization is critical to ensure that all representatives of the umbrella organizations are spreading consistent messages and positions with policymakers and to avoid any conflicts that might undermine the overall lobbying strategy. Although the power of the individual leader/nurse constituent is excellent, the power base multiplies when nursing leaders come together with a unified voice to advocate for the principle/change. Where does nursing stand today concerning its ability to influence policy? Buy in, self-interest, political sophistication, and leadership are common factors to consider when influencing and navigating the political maze of healthcare.

Nursing developed a political identity exemplified by setting the agenda for change. This stage is the highest level of political involvement. Here nursing becomes the initiator of crucial policy change. Advanced nurse practitioners are recognized for their unique expertise and perspective and are supported by multiple constituents. Unfortunately, politics and policy continue to be remote, ethereal topics for many nurses. To be seen as relevant, policy needs to be related to nurse's everyday practice in ways that will frame their personal and professional experiences as political ones. Making policy is a complex, multidimensional, dynamic process that reflects the values of those setting the policy agenda, determining policy goals and alternatives, formulating policy, and implementing and evaluating policy. Advanced practice nurses are in the best place and time to make a clear difference in how political forces shape health policy affecting practice in all settings.

The real challenge of nursing through generations

Nursing does not suffer from a lack of attempted definition either from the concept of professional domain involved in the care delivery or from the effects of promoting healthy work environments *vis-a-vis* correlation to quality care, safe patient outcomes and nurse retention and recruitment. In this article, the search for these answers was examined. The intent is not to resolve the question by providing a new definition or debating old ones. Instead, this search's purposes, parameters, and consequences are examined with a beady eye. Why describe the complexity of nursing in the tenets of education and practice? To what end? If we do not know and understand the complexity of the nursing work environment, how can we justify synthesizing it or making decisions about it in a policy framework? As the pages in this article demonstrate, nurses in all specialties are challenged to keep up with many healthcare system changes. As we streamline our care to save unnecessary steps and costs, we must also continue providing enough time to attend to caring for people. Significantly, we can only provide excellent nursing care if we have the right and safe working environment to grow, develop, and thrive (survive, too).

RESULTS AND DISCUSSION

As nurses, we must be vocal about the services that must be retained to ensure safety and quality for our patients and for us as a stakeholder. We also need to help others to see that nurses are not interchangeable. The nursing profession is extensive and comprises many individuals with differing skills and knowledge. As we move forward amid overwhelming change, we must acknowledge our similarities and differences.

Addressing the essentials of nursing practice in every complex work environment is the primordial responsibility of the NURSE. The nurses have had to adapt their leadership roles which can provide unique expertise and insights on promoting interprofessional collaboration employing consultative skills in the development and implementation of practice guidelines, practice models, and standards of care at this moment and beyond. Hospital specific communication practices are strongly related to a hospital's quality of patient care and productive outcomes. A critical insight into uncertainty is that solid communication processes are possible without

high health expenditure (technology, labor costs, and other additional capital resources). It takes accountability and ownership from all stakeholders to hardwire a standardized collaborative team functioning and overcome barriers to interprofessional practice. Ensuring alignment between Processes, Resources, Organizational elements, and Strategies (PROS) during the pandemic required a more sensitive scale of checks and balances to potentiate the desired outcome. The nurse, having preparation in methods of effective team leadership, can collaboratively create a feedback system to troubleshoot possible problems and intervene responsively with actual issues.

About the nursing essentials, healthcare today is in significant disarray, with the ultimate consequence being compromised care for those who have access to it, and inadequate care for those who do not. I cannot provide any better example than our life altering COVID-19 surge pandemic experience here in Los Angeles. As a leader, I have seen all nurses making decisions that affect the care of their patients, nurses preserving quality in an era of cost control due to scarce resources, and focusing on achieving a balance between self-preservation *vs.* call of duty. Complexity, chaos, conflict, and change (4 c's) are the watchwords for many, if not most healthcare organizations. In today's healthcare environment, such turbulence is initiated unprecedentedly by a critical event such as COVID-19. The pandemic has challenged healthcare leaders to manage their services in new ways and build on the existing ways of operating with the capability of continuously improving quality, experience, and safety. Nursing leaders are encumbered to maximize their organizational and system leadership for quality improvement as an opportunity in today's demanding work environment. With an increased focus on systems thinking and accountability, nursing leaders must improve the standard of care in clinical practice and develop mechanisms for defining the patient care experience alongside the intertwined dimensions of the triple bottom line.

A critical starting point for Quality Improvement (QI) initiatives is nurse's commitment to employ three levers structure, culture, and control to coordinate work and motivate staff across different groups, functions, and services. Instilling value and creating an atmosphere in which staff is listened to, can be creative, and ensure a psychologically safe environment that allows them to have an open dialogue about what they're experiencing and how best to support them during these uncertain times are vital aspects of QI. Creating awareness, education, and engagement throughout the organization on nursing issues reflects a belonging, safety, and caring culture that every staff as the steward of excellent care deserves. The turbulent workplace demands that we make innovation a way of life for every stakeholder. We must learn individually and as organizations to welcome change and innovation as vigorously as we have fought it in the past. Organizations depend on their success in day to day decisions made by their members. In healthcare, nurses make valuable decisions that affect patient care and, most notably, their well-being as care providers. The quality of these decisions influences the nursing department's long term performance and its day to day character in the eyes of employees, customers, and the organization at large. Moreover, today's challenging work environments demand even more rigor and creativity in the nursing decision making process. Organizations must provide nurses in any role and setting for decision making that encourages the free flow of new ideas and supports the efforts of nurses who want to make their ideas work. And just as with organizations themselves, the success of nursing leaders and the frontline staff depends on the quality of the decisions they make regarding their professional environment in every unique and defining situation. We must also recognize that in settings where substantial change and many new technologies prevail, the decision making approach may vary and follow the conventional step by step process. It is also essential to consider the ethical consequences of decision making. Understanding when and where to use traditional or novel decision techniques requires a further understanding of decision environments and the types of decisions to make.

Which generation is a better nurse?

Which nursing generation produces the best outcomes in quality, safety, and experience? No generation is better than the other. Being a great nurse is a confluence of foundational elements like quality education (highly

accredited schools), training (the foundation of practice), experiences (strategic exposures, years of experience, and mentorship), and competence (advanced degrees and practice). Nursing has the public's confidence. A nurse must recognize the responsibility to patients first and foremost, as well as to society, to other health professionals, and to self, magnified by the service outcomes they deliver. A nurse's source of motivation in joining the profession is an interpretative statement that defines standards, practice, and quality of care. The value of every nurse correlates to the ethical tradition of nursing, which is self-reflective, enduring, and distinctive. Nurses with higher moral reasoning and levels of professionalism perform better clinically and act in ways they consider to be in the patient's best interest. Great nurses are defined by their ability to communicate purposefully and meaningfully, considering the science of communication as the predictor of quality, safety, and patient experience. Communication plays an increasingly important, promising, and vital role in nursing because it facilitates a holistic approach and the achievement of shared goals. The ability to communicate clearly and negotiate effectively is interpersonal skills necessary for successful collaboration. At the brink of the changes affecting the healthcare landscape, we need nurses that support the organization's core values and find ways to egalitarianistically contribute to the achievement of its balanced scorecards (quality, service, growth, people, results, and finance).

Quality education remains the best way for nurses to improve safety and quality. We must embrace innovation to reinvent access to learning opportunities to buck this trend. This cannot be accomplished alone the very nature of quality and safety education requires diverse partnerships across practice sectors to reach all learners. We should look for ways to reinvent education technology so that it benefits everyone, everywhere. Technology, particularly in our current virtual world, makes it easier than ever to democratize access to education and training. However, we still have a long way to go, especially in the era of quality and safety education. Technology should enhance learning and not stifle nurse's ability to adequately provide patients with quality care (esp. in virtual nursing academic institutions). The key to educating future nurses in ways that lead to safety, productivity, innovation, quality, and organizational learning ultimately lies in how responsible leaders think about their organization and people. When you look at your people/stakeholders/learners, do you consistently see the quality in practice? Or, when you look at them, do you see safety the most strategic and valuable culture your organization can adopt, enhance, and share? By providing learning stakeholders with the access and opportunity they need to promote quality and safety in education, especially in the digital economy, we leaders can strengthen clinical and community practice in our ever evolving digital age.

Decorum (etiquette), discipline, and data (3-D's) distinguish the different generations of nurses. Decorum accentuates how a nurse presents oneself to the patients. Discipline, on the other hand, highlights professionalism through physical appearance and standardized patient experience behaviors. Data refers to nurse's ability to communicate evidence to the patient in every intervention provided. As nursing science starts to develop rapidly, we must keep the momentum going and continue building knowledge through all available avenues. Nursing leaders should spearhead the momentum. They should build infrastructure that can attract frontline staff to engage in research and evidence based practice. We need to engage in scientific research to improve our practice. Nursing requires some boundary spanning activities and a highly connected approach to articulate the blend of nursing theories, nursing practice, and nursing research this I refer to as the nursing integrated knowledge (practice knowledge, knowledge based in research and science, and knowledge based on nursing theories). The highly connected approach to nursing knowledge would restate the problem of separated areas of expertise.

The fissure in the nursing setting involves the proliferation of a temporary and high priced labor force, eliciting issues in outcomes. In addition, a lack of permanence in providing high quality nursing care marred nursing departments causing an overwhelming high-cost nursing labor forces. With cost not equating to quality, nursing care outcomes are compromised, producing unnecessary patient harm. Most (not all) of these contingent workers need more accountability and ownership to learn and know their work environment causing delays in care delivery (admission, transfers, and

discharges), compromised quality and safety indicators, and poor patient satisfaction/experience. Unfortunately, these are the realities confronting the nursing profession at the moment. Healthcare organizations' challenge is developing artistic ways to reinvent the workforce through a value added tenure.

CONCLUSION

Change in practice is a significant part of health care in today's world that is inevitable. All providers have responsibility for the quality of care delivered and, more importantly, for the overall service experienced by the consumers. Patient satisfaction reflects service delivery, and outcomes are the result of care. The capacity to consistently review care outcomes is critical in quality improvement. Quality initiatives are used to explicate deviations in viewpoints concerning the context, system, and process of care delivery. Outcome measurement is the foundational step, interrelating goals and objectives into the organization's structures, processes, and procedures. It is a standardized map designed to monitor and evaluate quality, define care delivery models, and improve performance dimensions.

Recommendations to create a formidable and efficient nursing workforce include: Supporting the workforce provide access and development opportunities for supervised internships, teaching, and consultation; ongoing professional development (that is rigorous and relevant; and coaching and mentoring that facilitates the application of new knowledge in quality and safety to everyday practice; creating a culture of always, high reliability, and high performing organization whereby processes, resources, organizational elements, and strategies are aligned. Offer quality standards, professional development support, and incentives to guide the quality improvement process; putting performance appraisals in perspectives: Relating to productivity, delineating potential problems/risk, laying out a model system that improves patient/staff outcomes, and brushes the environment of care to ensure that the part of the organization for which everyone is responsible meets output objectives within quality specifications, with the optimum use of the available resources; devising a designated website, a well rounded, blended educational curriculum, or onboarding programs, and maximize the use of technology to improve access to quality and safe education; and using innovation to increase access and adoption of quality, safety, and care experience education. Use competency based education, best practice monitoring, and changing program structure to make education accessible, efficient, and flexible.

To avoid discord, nurses should stay strong in their abilities to adapt to different circumstances and situations, share a collective consciousness, self-manage, encourage (motivational) to perform beyond one's perceived capabilities, and lead concerning the care, health, cost, and meaning of life. Building mechanisms is the nurse's role being the architect of the team. Being an architect requires transformational skills. A nurse, just like an architect, designs processes and systems to improve outcomes and achieve better transformation. A nurse as an architect plays an integral role in defining the organization's future by helping rediscover potential, arranging strategic partnerships, building value, and reducing complexity and costs from core processes and systems. A nurse as an architect should transform and reframe organizational performance manifested in every intervention provided to patients every moment every time. Nurses should stay relevant and adaptive to the changing landscape of healthcare. Avoid going to the more straightforward route; with curves comes real beauty.

Nurses do not compare your generation to others. There is no comparison between the sun and the moon. They shine when it's their time.

Comparison is the thief of growth and happiness. Take up space and cement yourself in the practice.

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