ISSN-E: 18735347-02779536

The role of nurses in providing comprehensive care an analysis of challenges and opportunities

By:

Nawal Ahmed Ali Salwi: Nursing technician

Kharifa Hadi Hammoud Tayyeb: Nursing specialist

Ghanima Muhammad Al-Absi: Nursing technician

Manal Hassan Fahd: Nursing technician

Wejdan Hamdan Al-Shamrani: Nursing technician

Ghalia Mansour Houdani: Nursing technician

ISSN-E: 18735347-02779536

Introduction:

Ensuring that all individuals have equal access to top-notch health care is the main emphasis of health care equity. Health care is a downstream determinant of health, according to Castrucci and Auerbach's Social Determinants of Health and Social Needs Model. However, inequalities in access to and quality of health care can worsen inequalities that are already present due to upstream and midstream factors (de Bruin et al.,2012).

In order to have access to great health care, people need to be able to have health insurance, live in an area where medical professionals are readily available, and know how to get in touch with them, according to Healthy People 2020. Health care quality is "the degree to which health care services for individuals and populations increase the likelihood of desired outcomes and are consistent with current professional knowledge," according to one definition. By "doing the right thing for the right patient, at the right time, in the right way to achieve the best possible results," the AHRQ means high-quality healthcare. Health care that is safe, effective, centred on the individual, provided promptly, efficiently, and fairly is what nurses mean when they talk about providing high-quality care (Koch,2020).

Instead of focusing on the root causes of health outcomes, frameworks for social determinants of health (SDOH) direct the health care system to react to illnesses once they have occurred. Thus, health care ignores the majority of the underlying causes of illness that impact health equity. These include socioeconomic insecurity, housing instability, racism and other types of discrimination, educational inequalities, and poor nutrition, all of which can impact a person's health prior to their involvement with the health care system. The topic of health equity is covered extensively. Even though health care only accounts for a tiny fraction of health outcomes, health care equality is a major determinant of health equity, according to some estimates (Koch,2020).

The healthcare system and society as a whole are undergoing profound changes, and these changes will have an impact on the way the next generation of nurses work and lead. A number of factors are contributing to these changes, such as shifting demographics, deteriorating physical and mental health,

heightened awareness of racism and equality issues, new technology, and altered health care delivery patterns. In light of the racial discrepancies in the effects of COVID-19 and the growing movement for racial justice, it is more important than ever for nurses to fight for health care equity and promote racial justice. Provision 9 of the American Nurses Association Code of Ethics reflects the organization's dedication to social justice, which has become an increasingly pressing issue due to growing societal demands in communities and society at large (Boult et al.,2009).

Nurses play a crucial role at every stage in closing the achievement gap in clinical results and enhancing health care equity, which is essential if we are to see a shift in health outcomes. In order to deepen their dedication to diversity, equity, and inclusion, nurses should spearhead massive initiatives to eliminate structural causes of inequality and establish new standards and skillsets in the healthcare industry. As a result, nurses will have to deal with difficult moral dilemmas that develop as the healthcare system shifts to accommodate the new reality. Investing in the well-being of nurses is crucial to guarantee that nursing is actively involved in these major transitions in health care and society (White et al.,2020).

ENHANCED ACCESS FOR PEOPLE WITH DIFFICULT SOCIAL AND HEALTH NEEDS :

Lack of insurance, financial constraints, or a dearth of local providers and clinics prevent many people from receiving the medical treatment they need. School nursing, school-based health centres, telehealth, home health and home visiting, retail clinics, FQHCs, school-based health centres, and nurse-managed health centres are some of the ways that nurses are working to close this access gap. Nurses are present in all of these places, helping people and their families get the medical care they need and, in many cases, pointing them in the direction of social assistance programmes as well (McKeever et al.,2014).

Health Centres Eligible for Federal Funding :

By assisting with the provision of comprehensive primary health care services, referrals, and services that facilitate access to care, nurses enable individuals regardless of ability to pay to expand their access to services through FQHCs, which are outpatient facilities situated in a federally designated medically

underserved area or serving a medically underserved population. There has been an increase in the responsibilities of APRNs in FQHCs throughout the years (NACHC, 2019). Nurses' growing influence in FQHCs is manifested in more patient-provider interactions, participation in care management, and independence in treatment. As part of their efforts to enhance health outcomes, nurses collaborate with care coordinators, health coaches, and social workers to address important social variables (Rodrigues et al.,2014).

- **Store-Based Medical Clinics :**

With the implementation of new regulations, the take-up of new payment models, the concentration of resources on SDOH, and the influence of consumerism on treatment choices, health care delivery is experiencing a period of transformation that poses new opportunities for both patients and nurses. The rise of atypical health care institutions, such retail clinics, is one trend that has had and will have an impact on nursing since the last report on the subject, The Future of Nursing. Many more people are able to get the preventative care, screenings, and basic medical treatment they need thanks to the proliferation of these well-established retail clinics. From an estimated 1,800 in 2015 to 2,700 in 2018 across 44 states plus DC, the number is rising at a rapid pace (Younas et al.,2023).

For certain communities, retail clinics mean easier access to primary care. In 2016, 58% of visits to retail clinics were for new patients rather than to replace more expensive trips to primary care or emergency rooms. The wide hours of operation, easily accessible location, walk-in policy, and low-cost appointments are some of the reasons why many individuals and families choose retail clinics. For people without health insurance or with lower incomes, who might not have a primary care physician close by or a consistent source of care, these qualities are crucial.Despite this, studies reveal that retail clinics are more often located in affluent urban and suburban areas where White people make up a larger percentage of the population, while Black and Hispanic people make up a smaller percentage. While 21% of Americans reside in medically disadvantaged areas, just 12.5% of retail clinics were situated there, according to a 2016 study by the RAND Corporation. Retail clinics are not helping the medically

underprivileged get the treatment they need, according to RAND. Therefore, current data do not show that these new care models have improved health care equity or the health of populations, even though they may have. Who uses the services and whether their patterns are comparable to or different from traditional health care greatly affect the equality impact of these retail clinics (Younas et al.,2023). Nurse practitioners (NPs) make up the bulk of the workforce at retail clinics. Restrictive scope-of-practice restrictions have frequently limited the services offered by these in-store clinics in pharmacies and grocery shops. The Centre for Health Outcomes and Policy Research at the University of Pennsylvania School of Nursing conducted research on retail-based clinic expansion and scope-of-practice regulatory contexts in 2016. The study indicated that retail clinic expansion was associated with loosening of practice laws, and it looked at three states with different levels of scope-of-practice limits. There is mounting evidence that NPs, the primary providers at retail clinics, need to have their scope of practice standardised if innovative health care venues like these are to be fully optimized (Silver et al.,1968).

- Medical Clinics in Retail Locations:

Health care delivery is going through a phase of transformation that brings new opportunities for nurses and patients alike. This shift is driven by new legislation, new payment models, more resources focused on SDOH, and the influence of consumerism on treatment choices. One development that has affected and will affect nursing since the last report on the subject, The Future of Nursing, is the rise of unconventional health care organisations, such retail clinics. The growth of these well-established retail clinics has made it possible for a greater number of individuals to access necessary preventive care, screenings, and basic medical treatment. The number is rapidly increasing, reaching 2,700 in 2018 spanning 44 states plus DC, up from an estimated 1,800 in 2015 (Carson Weinstein et al.,2011).

Retail clinics make primary care more accessible to some neighbourhoods. More over half of 2016's retail clinic visits were for new patients, not to replace more costly visits to primary care or emergency departments. Many people and families select retail clinics because of their convenient location, low-

cost appointments, walk-in policy, and extensive operating hours. Having a primary care physician nearby or a reliable source of care is especially important for individuals without health insurance or with lower incomes. Regardless, research shows that retail clinics tend to be located in wealthy suburban and metropolitan regions with a higher White population and lower Black and Hispanic populations. A 2016 study conducted by the RAND Corporation found that just 12.5% of retail clinics were located in medically disadvantaged neighbourhoods, despite the fact that 21% of the US population lives in such locations. According to RAND, retail clinics aren't assisting the medically disadvantaged in obtaining the necessary treatment. Hence, present statistics do not indicate that these new care models have enhanced health care equity or population health, despite the possibility that they have. The influence of these retail clinics on equality is highly dependent on who uses the services and whether their patterns are similar to or distinct from traditional health care (Carson Weinstein et al.,2011).

The majority of retail clinic employees are nurse practitioners (NPs). These in-store clinics in supermarkets and pharmacies often provide limited services due to stringent scope-of-practice regulations. Expanding retail clinics and regulatory frameworks for scope-of-practice were the subjects of 2016 research by the University of Pennsylvania School of Nursing's Centre for Health Outcomes and Policy Research. The research, which examined three states with varying degrees of scope-of-practice constraints, found that relaxing of practice laws was linked with the rise of retail clinics. There is growing evidence that in order for innovative health care venues like retail clinics to effectively utilise their potential, the scope of practice of nurse practitioners (NPs), who are the main providers there, should be standardized (de Bruin et al.,2012).

- **Health Education in Higher Education :**

One of the most important roles that school nurses play is bridging the gap between the healthcare and educational sectors. Health departments, hospitals, or school districts employ school nurses to look after

students' emotional and physical well-being while they are in class. They actively involve parents, school communities, and healthcare providers to promote wellness and enhance children's health outcomes in their role as public health sentinels. Given the growing number of children requiring comprehensive social and health services, school nurses play a crucial role in ensuring that all students have access to high-quality health care. The availability of school nurses contributes to the improvement of kids' health care equity. It is possible that the school nurse is the sole provider of health care that many low-income children see on a regular basis.

School nurses work with students to treat and manage disabilities and chronic health conditions, as well as with injuries and urgent care needs. They also offer behavioural assessments, preventive screenings, health education, immunisations, and psychosocial support. School nurses also collaborate with community members and other medical professionals to ensure that each student receives the comprehensive care they need. The achievement gap can be reduced by the implementation of school health programmes that assist kids in becoming and being healthy.

It might be especially difficult to meet the mental health requirements of youngsters. Approximately 25% of school-aged children and adolescents have mental health problems like anxiety and sadness, according to researchers. School nurses see about 30% of students for mental health issues, which are frequently misdiagnosed as physical ailments like stomachaches and headaches. School nurses are trained to identify at-risk pupils and help them cope with a range of mental health issues. Schools aren't always prepared to handle kids' emotional needs, and parents frequently don't know where to turn or have the means to aid their children, so the vast majority of young people (almost 80%) who may benefit from mental health services never get them. Furthermore, systemic racism is a foundation for many risk factors for mental illness, and a recent study indicated that students' access to mental health treatment differs along racial and ethnic lines. Poverty and racial/ethnic disparities among children have been brought to light and intensified by the COVID-19 pandemic. All pupils, but notably those from low-income families, have felt the effects of school closures and increased social isolation. A mental health crisis has emerged as a result of both the harm done to students' ability to learn and their inability

to obtain mental health services that were previously provided by schools (Koch et al.,2020).

Conclusion:

We spoke about the key things that help and what hurts when it comes to nurses working in primary care. Stakeholders can utilise these findings to establish strategies for implementing the nurse's participation in programmes and activities by removing barriers and encouraging components that seem to be facilitators.

Reference:

de Bruin, S. R., Versnel, N., Lemmens, L. C., Molema, C. C., Schellevis, F. G., Nijpels, G., & Baan, C. A. (2012). Comprehensive care programs for patients with multiple chronic conditions: a systematic literature review. *Health policy*, *107*(2-3), 108-145.

Koch, A., & Mantzouris, S. (2020). Nurses' role in providing comprehensive communication, prognostication, and palliative care during the COVID-19 pandemic. *Journal of Hospice & Palliative Nursing*, *22*(6), 442-446.

Boult, C., Green, A. F., Boult, L. B., Pacala, J. T., Snyder, C., & Leff, B. (2009). Successful Models of Comprehensive Care for Older Adults with Chronic Conditions: Evidence for the Institute of Medicine's "Retooling for an Aging America" Report: [see editorial comments by Dr. David B. Reuben, pp. 2348–2349]. *Journal of the American Geriatrics Society*, *57*(12), 2328-2337.

White, B. P., Abuelezam, N. A., Dwyer, A. A., & Fontenot, H. B. (2020). A sexual health course for advanced practice registered nurses: effect on preparedness, comfort, and confidence in delivering comprehensive care. *Nurse Education Today*, *92*, 104506.

McKeever, A. E., Spaeth-Brayton, S., & Sheerin, S. (2014). The role of nurses in comprehensive care management of pregnant women with drug addiction. *Nursing for women's health*, *18*(4), 284-293.

Rodrigues, A. M. M., Freitas, C. H. A. D., Guerreiro, M. D. G. D. S., & Jorge, M. S. B. (2014). Preceptorship in the perspective of comprehensive care: conversations with nurses. *Revista Gaúcha de Enfermagem*, *35*, 106-112.

Younas, A., Inayat, S., Dal Molin, A., & Durante, A. (2023). Nurses' challenges to developing interpersonal relationships during integrated care for complex patients. *Western Journal of Nursing Research*, *45*(10), 894-901.

Silver, H. K., Ford, L. C., & Day, L. R. (1968). The pediatric nurse-practitioner program: expanding the role of the nurse to provide increased health care for children. *Jama*, *204*(4), 298-302.

Carson Weinstein, L., Henwood, B. F., Cody, J. W., Jordan, M., & Lelar, R. (2011). Transforming assertive community treatment into an integrated care system: the role of nursing and primary care partnerships. *Journal of the American Psychiatric Nurses Association*, *17*(1), 64-71.