The Emerging Nursing Workforce; Reshaping It for Best Health Care Practices

Agbedia Clara

Abstract
The rapidly changing health care system requires nurses to posses increasing knowledge, clinical competencies, clinical judgment and autonomy. The stimulus to this change is the need for the improvement in the quality and safety of patients. The premise is that better education preparation of nurses will result in better clinical performance. Thus, changes in nursing education are needed to ensure that the emerging nursing workforce is adequately educated for best practices. In addition, within the context of global health care reforms amid resource constraints and the demand for accountability, health care workers are required to demonstrate the core values of their services in line with established objectives and standard. Considering the above, the need to reshaping the emerging nursing workforce in line with best practices cannot be over emphasized. This paper explores the characteristics of the emerging nursing workforce and proffers effective strategies to reshape it for best practices in health care in Nigeria.
Key Words *Emerging nursing workface, nursing, skill, knowledge, clinical competency*

Date of Submission: 02-12-2019   Date of Acceptance: 18-12-2019

I. Introduction

Up-till recently, the nurse has been seen to be well educated to meet the challenges of the health care delivery system (HCDS). However, the reshaping or transformation of the HCDS, coupled with changes in population dynamics and information, knowledge explosion calls for a close serenity of the roles and responsibilities of the emerging nursing workforce. With each decade, nurses have become a formidable health care workforce providing care at all levels of health care. However, nurses contributions remain hidden and undervalued as data that measure nursing care are often not captured in the performances analysis in health care information for policy decisions. The implication is that the expertise of the nurse in her clinical practice is unaccounted nor appreciated nationally and internationally.

The renew interest in nursing agenda in the context of health care reform was captured by I.O.M (2010). According to Chasm Report (I.O.M, 2010) nursing, with new skills and system design is positioned to be a change agent in this new dispensation. This development is good for nursing as well as the consumers of nursing services as better education will lead to better performances. However, Benner, Sutphen, Leonard and Day (2009) noted that the present curriculum of nursing education is inadequate to meet the needs of today's nurses. The underpinning is that the body of knowledge required for safe practice has grown geometrically as the tools for accessing information and the skills needed for safe practice. Thus, educational reforms must not only give new knowledge, it must address how to access relevant health information.

This paper makes the following assumption:
* Nurses represent a large percentage of the health care workforce but remain unexploited maximally.
* That the cost effectiveness of nursing improves with a more educated workforce.
* Nursing is increasingly evidence-based, however, the number of nurse scientists within it to generate the new knowledge remains few.
* That though inter-professional collaboration and education is essential for the health team of the now and the future, nursing and other health professions continue to train their students in silo with little exposure or opportunity for the development of team spirit. These students upon graduation are expected to work as a team. This is a mirage

WORKFORCE DEMOGRAPHY

The structural adjustment program embarked upon in Nigeria in the 1990's coupled with the low- none recruitment policy of the federal government of Nigeria is creating a nursing workforce that is skewed towards older workers (Agbedia, 2012). Many nurses are retiring with no provisions for replacement. Clipper (2012) in their study of the general workforce in Europe found that workers born about the same time have similar life

experiences, and behavoural characteristics. These generational differences have implication for nursing services, effective communication and satisfaction in the work environment.

Clipper (2012) described 4 generation, the Veteran, those born between 1925-1945, Baby Boomer born between 1946-1962, Generation X born between 1963-1978 and Net generation 1978-2000. The current general workforce in Nigeria is assumed to include the 4 generation.

The Veterans 1925-45.

They are older member of the workforce. They are described as being very conservative, hard working and very loyal to their employers. In nursing in Nigeria the veterans are almost annihilated. The few that are still in employment are appointed as Board Member of parastatals. Here the individuals serve on advisory capacities, giving advise on issues pertaining to nursing education and practice.

Baby Boomers – 1946-1963

They are described by Clipper (2012) as workaholics, great achievers, rule oriented and very respectful for constituted authority. Wilson (2016) argued that they are the most productive of the workforce as they will go the extra mile for the patients' best interest.

Generation X 1964-1980

They are described as being very independent, assertive, innovative and technologically driven. According to Clipper (2012) and Duchscher & Cowin.(2004) these individuals work to live unlike the Veterans and Baby Boomers that live to work. They are less tolerant of the older generation. They are a small group in the workforce but the group is growing rapidly. They also value opportunities for learning and training.

The Millennial -1981-2000 or Generation Y

They are the smallest group in the workforce but are growing very fast (Duchscher & Cowin, 2004). They are the best educates of all the generation, least religious, very mobile and value networking. According to Clipper (2012) having grown in an era of downsizing the workforce, the millennial work hard on building and marketing their skills.

II.   Characteristics Of The Emerging Nursing Workforce

The nursing workforce

Though the general workforce in Nigeria consists of 4 generation, the nursing workforce consisst of 3 main generations: the baby boomers, generation X and the generation Y. The baby boomers are retiring with no obvious replacement strategies (Agbedia, 2012). In actual fact the emerging nursing workforce are the generation X and Y. Most of these individuals suddenly find themselves in leadership positions that they have neither the experience nor intellectual capacities to sustain. The premise is that most of them have not been long in service to learn the rope of management roles and decision making processes. While this is true in nursing, similar trends can be seen in other health related profession. One vivid implication is the inter-professional clashes and poor collaboration. Thus, it can be argued this is a major factor in the perennial restiveness among health care workers in Nigeria.

Influence of Emerging Technologies on Nursing Practice

There are many emerging technologies that are influencing nursing practice. The way nursing care is planned, delivered and documented now is changing dramatically. Nurses no longer use pen and pencil to document care. Technology is visible in the clinical practice to the extent that care is now medicated by electronic computerized system. Nursing informatics. The electronic health record (EHR), The clinical decision support system (CDSS) Computerized provider ordering entry (CPOE) and the longitudinal electronic medical record (EMR) are examples of innovation tools that allow health care professionals make clinical information at the right place and at the right time. Thus reducing medical error and ensuring safety and quality of care and services rendered to patients/clients. These electronic gadget is what is called "Care Grid" (Huston, 2014)

Huston (2014) defined nursing informatics as the use of information technology in relation to any of the functions which are within the purview of nursing and which are carried out by nurses. Hence, any use of information technology by nurses in relation to the care of patients, or the educational preparation of individuals to practice in the discipline is considered nursing informatics. The electronic health record (EHR) is a digital record of a patient's health history that may be made up of records from many locations and/or sources, such as hospitals, providers, clinics, and public health agencies (Huston, 2014). The EHR is available 24 hours a day, 7 days a week and has in-built safeguards to assure patient health information confidentiality and security. CPOE is a clinical software application designed specifically for providers to write patient orders electronically rather

than on paper. With CPOE, clearly typed orders, are used thereby reducing medication errors based on inaccurate transcription. Clinical decision support (CDS) also support health care providers in decisions related to diagnosis, therapy, and care planning of individual patients. (Healthcare Information and Management Systems Society, 2011,...

Nursing literature is replete that the adoption of emerging technologies is challenging to older nurses (Agbedia & Richards 2013, Huston, 2014). The older nurses argued that technologies are in opposition to humanistic, holistic and client-focused nursing care (Agbedia & Richards 2013). The premise is that too much time is spent interacting with machines rather on the assigned clients, especially in clinical areas (post-operative, critical care, and intensive care settings) where technologically monitored health procedures are many. In these settings the machines, monitors, and other technical apparatus can demand as much or even more attention from the nurse as the clients do. It can be argued that in these settings some nurses may suffer from low job satisfaction, burn out with negative effect on the consumer of the health services.

The major advantages of these innovative technologies and information exchange in nursing practice is that the patient is not required to be at the same location as the provider and the provider does not always interact with the patient. For example, the remote monitoring of a patient's blood pressure or the blood sugar will enable nurses to care for more patients, more efficiently. Similarly, school children can receive advisory text messages from nurses while environmental sensors in 'smart houses' can enable elderly people suffering from dementia to remain in their own homes and be cared for by families and carers for as long as it safe to do so

However the reduction "in real time" contact time with the patient is the main reason while many nurses have resisted the use of computer in nursing (Agbedia & Richards 2013. With the reduction in the "real time" there is a paradigm shift to educational counseling. The emerging nurses must be educated in counseling skill and behavioral change, social support and emotional support interventions. The bottom line is that the emerging nurse is expected to have dexterity, clinical competency and knowledge to in- cooperate the electronic devices in their nursing care

Education

The bulk of the education of the emerging nurse is taught by nurses unlike their predecessors that were trained by physician themselves. They learnt nursing in actual clinical setting with real patient in real life situations, though the amount of the spent in the clinical setting is small compared to the total amount of time spent in the classroom. Benner et, al. (2009) argue that the emerging nurses are taught what is referred to as Ivory Tower book nursing; meaning what is **"Ideal"** and not what is **"Real"**. In addition, the curriculum of training were organized around traditional nurses specialist: medical surgical nursing, maternal and child health nursing, midwifery and mental health nursing with little knowledge and skill for non-acute settings such as school health, community- based health care and home care. Thus, it can be argued that the curriculum do not prepare the emerging nurses for education for tomorrow nursing.

Aiken et. al, (2009) in a study of United State practicing nurses indicated that there was an increase in the number of nurses with Associate Degree in nursing (this is equivalent to the diploma nursing program in Nigeria) and that many of these nurses do not pursue higher education. While this is typical of United State of America, the same can be seen in Nigeria where 80% of practicing nurses have diploma certificate (FMOH, 2010). The diploma program is favored among Nigerian nurses as it offers upward mobility; it is less expensive and more geographically accessible in Nigeria. In addition, the initial demand for 1-2 years of clinical experience before proceeding to higher education in nursing in Nigeria had been a stumbling block. Thus, the argument here is that more education is needed by the emerging nurse so that patient safety and quality nursing care are not compromised.

Uniform

The emerging nurses' uniforms are designed for looks and functionality. They are available in a wide range of colors, they allow for easy movement and are lightweight. The uniforms are designed to have pockets deep enough to carry needed materials such as; tape and scissors.

Autonomy

The emerging nurses have a great deal of independence and responsibilities in his/her clinical practice. They are expected to speak up and be a voice for the patients. Patient advocate is a huge part of their practice.

Professional Ambivalence

The emerging nurse workforces are also faced with professional ambivalence which can be very frustrating. The older nursing colleagues see them as being good in theory but lack clinical experiences (Agbedia & Fanny,2013). They also see them as being too young, assertive, rude and inexperienced to take up

leadership positions. The overused phrase "nurse eat their young apathy describes the problem faced by the emerging workforce that are often the target of older nursing workforce. The physicians, on the other hand, perceives them as arrogant set of people, who want to equate themselves with medical doctors . Wilson (2014) warned against this attitude and stressed that people do change and mature with years of experience but to expect the emerging nurse workforces to lose the characteristic that define them as belonging to specific generation is attainable. Therefore, generational harmony and productivity are essential keys in the prevention of professional ambivalence.

III. Reshaping For Best Health Care Practices

New Skills Are Needed

The current global emphasis on illness prevention, health promotion to a diverse population across different setting is challenging the emerging nurses to assume new rules that they were not prepared for by the curriculum of nursing education. Moreover, in setting especially in non-acute settings where nurses have to work closely in a multi disciplinary team, practice based on intuition, ritual and unguided clinical experiences rather these evidence-bases do not make for quality nursing input. The premise is that the consumers of health are better educated and are demanding for accountability and quality care and services.

Benner et.al (2009), Agbedia & Fanny (2013) argued that the existing curriculum of basic nursing education is loaded with facts and that the content of the curriculum is arranged to enable student pass their various nursing boards examinations. The non-integration of classroom teaching with clinical experiences of students has further contributed to the problem. Benner et al (2009) asserted succinctly that nursing education must move beyond equipping the students to pass examination, that the education be competency-based for effective clinical practice. The argument here is that competency-based curriculum leads to the development of higher level skills that enable students have mastery over care given in diverse clinical settings.

Some of the new skills expected of the emerging nursing workforce include; clinical judgment skills, clinical thinking skills, assertiveness, technical competency, evidence-based practice, and the ability to work confidently in a rapidly changing clinical environment, inter-professional collaboration, teamwork, end of life care, assisting individuals and families in self care practices, teaching and delegates and supervision of care given by subordination. The last five skills are associated with increase in the life expectancy as old people are coming in large number into health care delivery systems. In this regard, the families especially the significant others must be taught skills that will help their relatives live their lives to the fullest. In addition, the clinical focus on acute care that characterized the existing curriculum does not equip the emerging nurse with clinical skills needed in school health services, ambulatory care and hospice care. More knowledge and skills are also needed in the management of chronic illness management, care of the older adults in the home setting. Thus, for the emerging nurse function to effectively and efficiently in their new roles, nursing education must use new evidence-based pedagogy that promote the spirit of enquiry.

Collegiate Relationship

This refers to intra-professional and inter-professional relationship that occurs at the work place. The goal of every nurse is to deliver high quality patient care and achieve professional satisfaction. While this is true for nurses, it can be argued that other professional colleagues share the same value and desire to work together as a team. The hospital environment is expected to be stress free and cordial but in reality the opposite is the case. Hospital can be a source of stress and frustration for patients and families as they are under the care of individuals whose value and belief are totally different from theirs. In addition people with different temperate come to work together and this can be a source of conflict which can lead to low job satisfaction, burn out with negative effect on the consumer of health service. Agbedia & Fanny (2013) ascribed this problem to inter-generational differences.

The argument here is that a lot can be achieved if health care workers would focus on their similarities and common goals rather than the differences, in such a way that mutual understanding and respect can be achieved. Thus, understanding of differences will promote generational harmony among health workers.

Work Environment

One area that needs attention as regards the emerging workforce is the work environment. The premise is that the atmosphere is fraught with stress and tension. The demographic indices such as age, clinical activity at the bedside, medical diagnosis and treatment can further aggravate the existing tension in the work environment. In addition apart from the camaraderie relationship, vibe changes very rapidly from shift to shift from workdays to weekdays just as the staff strength and patient load changes because of the dynamic nature of the work environment.

This tension can easily translate to workplace abuse. Research shows that nurses are more likely to be abused by senior colleagues and across professional disciples (Wilson, 2016, Zenke et. al, 2000). The abuse may

take varied form but the most common include; belittling, back-stabbing, undermining behaviors, verbal abuse etc. These abusive behaviors, no doubt will affect the quality of care given. It is also sad to note that the incessancy strike and conflict in the health sector in most developing countries are traceable to inability of health workers to understand professional differences. Therefore, the way forward as suggested by Wilson (2016) is for work place organization and administration to adopt a zero tolerance policy and offer appropriate supporting counseling therapies to victims.

Inter-Professional Education

This becomes mandatory in an emerging complex health care environment. Currently in Nigeria, health care professions are taught in department or schools that function as educational silos. This does not encourage contact with other studies nor allow for exchange of ideas and experiences. The premise is that students that are exposed are exposed to the rudiments of other health related disciplines are more likely to engage in collaborative projects in the future in their careers. Team spirit and team skill can be acquired in such atmosphere. Therefore, the content of the intra-professional education showed include; knowledge of each other's professional roles and responsibilities, effective communication skills, conflict resolution and shared decision making. However, this content is better taught in a joint classroom setting.

IV. Implication For Nursing

In an era where professionalism in nursing is being challenged about its scientific contributions to health care reforms, nursing research is a viable means by which this professional claim can be defended. Practicing nurses actually have a great deal to contribute by observing clients' responses to treatment and techniques. Practicing nurses must adopt a research-based practice and by so doing build a unique body of scientific knowledge which nurses can call their own. Polit & Hungler (2004) asserted that the primary task of nursing research is the development and refinement of nursing theories which can be organized into a unique body of scientific nursing knowledge, essential for continued improvement in patient care. On the other hand, nurse educators must be required to support their teaching activities by undertaking relevant research studies in their area of interest.

Therefore, the inculcation of nursing research in all nursing education curricula and the promotion of clinical scholarship are the way forward to a new phase of nursing education and nursing practice in Nigeria. The bottom line is that nursing research is not merely an academic exercise or a professional necessity.

Another implication is that nurses have to learn new skills to use this technology in their clinical practice. In addition nurses need to cooperate with IT systems developers and vendors on the type of nursing information that these systems must contain if information technology is to be relevant in the clinical practices. The argument here is that if nurses fail to do this, other people will, and nurses may find themselves using systems that increase their workload without benefiting patients

V. Conclusion

The discussion above shows that a dramatic reform and innovation in nursing is needed to prepare a workforce that can practice effectively in the new complex health care environment. A paradigm shift is needed on where and how to integrate the new areas of knowledge and clinical experience into the curriculum of nursing education.

References

[1]. Agbedia, C.O. (2012) Re-envisioning nursing education and practice in Nigeria for the 21st Century Open Journal of Nursing Vol 2 No 3 pp226-230
[2]. Agbedia, C.O., Richards, F. (2013) Nurses use of information technology in their clinical practice in the Niger Delta Nigerian Research Journal Of Clinical Sciences Vol 2 (1) 58-64
[3]. Aiken et al 2005. Nursing skill ….. in European Hospital: A cross sectional study of association of mortality patient scaling and quality of care. BMJ
[4]. Benne P, Sutphen M, Leonard V, Day L. educating nurses, "A call for radical transformation in San Francisco: Jossey- Bass 2009
[5]. Clipper B. Understanding the generations. In: The Nurse Manager's Guide to an Intergenerational Workforce.Indianapolis, Ind: Sigma Theta Tau International; 2012:17-50.
[6]. Duchscher, J.E. & Cowin,L.(2004). Multigenerational nurses in the workplace. Journal of Nursing Administration, 34(11), 493-501.
[7]. Federal Ministry of Health (2010) National Strategic Health Development Plan (NSHDP, 2010-2015)
[8]. Huston, C. (2014). Technology in the health care workplace: Benefits, limitations, and challenges In Professional issues in nursing: Challenges and opportunities (3rd ed). Philadelphia: Lippincott, Williams, & Wilkins.
[9]. Institute of Medicine. (2010). The future of nursing: Focus on education. Washington, DC: Institute of Medicine.
[10]. Polit, D.F & Hungle, B.P (2004) Nursing Research P. Principles & Methods. Lippincott Wilkins Philadephia
[11]. Lyons, Sean & Kwon, Lisa (2013): Generational evidence in the work place: A review of evidence & directional for future research. Journal of organizational Behaviour Volume 35. 188. 51.
[12]. Wlson J. L, An exploration of both behavior in nurses: A review of Literature. British J Nusing 2016.25 (6) 303-6
[13]. Zemke, R., Raines, C., &Filipczak, B. (2000). Generations at work. New York: Amason.