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A Roadmap to Superior Nursing: Promoting Proactive, Person-Centered Nursing Care

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Abstract

There is no agreed-upon minimum standard for what constitutes competent and safe nursing care. It is difficult to establish a minimum standard because of constraints imposed by organizations and limited resources. Nursing care rationing and prioritizing what to postpone, exclude, or omit is a daily occurrence for nurses. A minimum level of healthcare is a patient right in developed nations where public healthcare is paid for by taxes; However, it is unclear what this actually means for a particular patient. As a result, establishing a minimum standard of nursing care would be beneficial to both patients and nurses. Clarity in this area is also important from a moral and legal standpoint. In order to guarantee competent and safe nursing care, we examine the need for a minimum standard.

Keywords: Fundamental nursing care • Human rights to nursing care • Minimum standards of nursing care

Introduction

Knowledge of the fundamentals of clinical nursing and the upholding of moral values must be included in any such standard, as must managerial issues like staffing planning, skill mix and time to care. Accepted evidence-based nursing knowledge, based on patients' needs and legal rights to healthcare and nurses' codes of ethics should all be adhered to in order for such standards to aid in the provision of safe and competent nursing care. This means that a minimum standard must maintain a satisfactory level of professionalism and ethics. The minimum standard ought to be adjusted in accordance with the requirements of patients in various settings, rather than being fixed. As a result, it may differ in various contexts and nations.

Description

Half of the studies in this issue focus on issues pertaining to nursing homes and older adult populations, which are experiencing an increase in importance. The quality of care provided by informal caregivers is influenced by their caring competence, which plays a significant role in the home care of elderly people. Better caregiver competence was found in one study to improve the quality of home-based care for disabled older adults. It is recommended to practice person-centered nursing, which is based on informal caregiver training and aims to enhance the competencies of caregivers by providing them with knowledge and abilities related to care and rehabilitation. Another study looked at how nurses in nursing homes handled older people's ego-integrity. One of the symptoms of geriatric syndrome, fragility, is a major issue in aging societies. Li and co. found that the prefrail period is a good indicator of health-related quality of life and may help nurses better prevent patients from becoming frail. A general guideline for improving quality of life for people with chronic diseases is better self-care. The most important question is how to educate or train these patients to improve their capacity for self-care. One study used Orem's theory to try to improve self-care skills and quality of life in people with coronary artery disease and it found that the training program helped [1].

Psychotic relapses are characteristic of schizophrenia. Due to an exacerbation of symptoms that causes self-harm, harm to others, or self-neglect, approximately 15%–30% of schizophrenia patients who are discharged from inpatient psychiatric admissions are readmitted within 90 days worldwide. The structure and predictors of in-hospital nursing care that reduces early readmission among schizophrenia patients were the focus of this study. The purpose of this new survey was to find out how much in-hospital nursing care patients received reduced the number of early readmissions for schizophrenia patients. The design of this study was cross-sectional. The brand-new questionnaires were used in the survey. The participants were psychiatric ward-based registered nurses. The new questionnaires were used to investigate the structure of in-hospital nursing care that reduces early readmission through item analyses and exploratory factor analyses. The predictors of in-hospital nursing care that reduced early readmission were examined using stepwise regression analyses. 724 registered nurses in Japan provided data. Five aspects of in-hospital nursing care were found to be responsible for lowering the rate of early readmission: fostering self-care and cognitive functioning, determining the causes of readmission, establishing community cooperative systems, collaborating on goals for community life and creating restful spaces are all examples of these strategies. The following variables predicted in-hospital nursing care that reduced early readmission: the participation of community care providers in pre-discharge conferences, the score on therapeutic hold and the nursing excellence scale in clinical practice. Based on these five factors, Japanese psychiatric nurses provide nursing care that reduces early readmission. This kind of nursing care would be made easier by not only the excellence of the nurses, but also the nurses' environment, like the ward's therapeutic atmosphere and the participation of community health care providers in pre-discharge conferences.

Concern is growing about reports of a "crisis of caring," or a decline in compassionate nursing care, both internationally and in the United Kingdom. While nurses in the NHS generally strive to provide high-quality care, unfortunate instances of poor nursing care with appalling lack of compassion and kindness have been highlighted. The landmark public inquiry, report and recommendations of Sir Robert Francis in 2013 shed light on accounts of poor nursing care and patients' lack of dignity at the Mid Staffordshire NHS Foundation Trust in England between 2005 and 2009 [2,3]. The Francis Report raised a number of concerns, one of which was that some nurses failed to meet the fundamental care needs of patients, such as toileting, hydration, comfort and safety. Patients were reported to have been left in bed linen that was soiled for extended periods of time; of failing to feed patients or assist them in eating; and of a lack of care for the personal hygiene of patients. As a consequence of this, the report made a number of suggestions for enhancing a variety of aspects, such as the education and training of nurses, the monitoring of nursing performance and more efficient management and leadership of nursing staff. The following was a further

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recommendation with the intention of enhancing compassionate nursing care:

Data synthesis and analysis in this study will be carried out with the help of RevMan 5.3 software. Mean difference or standardized mean difference and 95% confidence intervals (CIs) will be used to calculate all continuous values. Risk ratios and 95% CIs will be used to represent all dichotomous data. The heterogeneity of eligible studies will be identified using the I2 statistic. The following is an interpretation of the I2 statistic's values: A fixed-effect model will be used if I2 is less than 50%, which indicates acceptable heterogeneity; a random-effect model will be used if I2 is greater than 50%. Meta-analysis will be planned when sufficient eligible studies with acceptable heterogeneity on the same outcome measurements are available. If it becomes clear that there is clearly heterogeneity, we will conduct subgroup analysis. Based on the Guidance on the Conduct of Narrative Synthesis in Systematic Reviews, we will report the outcomes as a narrative summary if there is still obvious heterogeneity after subgroup analysis [4].

During the first phase of the study, a realist synthesis of the international literature was used to develop a theory and generate hypotheses about the mechanisms of intentional rounding, which groups might benefit most or least and which contextual factors might be crucial to its success or failure. These program theories served as a framework for testing emerging findings from subsequent research phases and provide the study's theoretical foundation. In order to find out how intentional rounding was implemented and supported across England, Phase 2 included a nationwide survey of all NHS acute Trusts—an organization that provides hospital-based services within the English National Health Service [5].

Conclusion

Individual interviews, observations, retrieval of routinely collected ward outcome data and a cost analysis were all part of Phase 3's in-depth case studies of six wards. In the Methods section of this paper, a more in-depth description of the methods used during Phase 3's individual interviews is provided. In Phase 4, patterns of congruence and discordance were looked for in the data collected throughout the phases and an overall evaluation of what aspects of intentional rounding work for whom and under what conditions was developed.

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Conflict of Interest

No conflict of interest.

References

1. Lutomski, Piotr, Monika Kaczoruk and Magdalena Florek-Łuszczki. “Ageing policy in Poland during the COVID-19 Pandemic.” *Ann Agric Environ Med* 28 (2021): 551–557.
2. Fei, Shulang, Jia Ni and Guido Santini. “Local food systems and COVID-19: An insight from China.” *Resour Conserv Recycl* 162 (2020): 105022.
3. Postorino, Massimiliano, Michele Treglia, Jacopo Giammatteo and Margherita Pallocci, et al. “Telemedicine as a Medical Examination Tool during the COVID-19 Emergency: The experience of the onco-haematology center of tor vergata hospital in Rome.” *Int J Environ Res Public Health* 17 (2020): 8834.
4. Lan, Fan-Yun, Chih-Fu Wei, Yu-Tien Hsu and David C. Christiani, et al. “Work-related COVID-19 transmission in six Asian countries/areas: A follow-up study.” *PLoS ONE* 15 (2020): e0233588.
5. Fan, Ying, Xuefei Wang, Jun Zhang and Daorong Mo, et al. “The risk factors for the exacerbation of COVID-19 disease: A case–control study.” *J Clin Nurs* 30 (2020): 725–731.

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