**Unit 6: Change, complexity and chaos.**

* **Challenges faced by nurse educators today**

It is clear that the context of nursing education is changing and that new models of education are needed. The student population is increasingly diverse, and efforts are underway to continually broaden that diversity to have the nursing population more closely mirror the racial and ethnic composition of the community that it serves and to have a larger pool of diverse individuals who can pursue preparation as nurse educators and nurse scientists.

* the Institute of Medicine (IOM) has outlined recommendations for changes in the education of all health professionals. As the result of a multidisciplinary summit of those who teach physicians, physical therapists, pharmacists, occupational therapists, psychologists, nurses, and other health professionals, the IOM recommended that educational programs emphasize the following core competencies

**1.** Provide patient-centered care.

**2.** Work in interdisciplinary teams.

**3.** Employ evidence-based practice.

**4.** Apply quality improvement methods.

**5.** Make use of informatics.

* The changing landscape of nursing education also includes the evolution of new programs in nursing (e.g., clinical nurse leader, (CNL) Doctor of Nursing Practice [DNP]) and the creation of new advancement opportunities (e.g., RN to MSN, BSN to PhD). These new options challenge faculty to

1. reconsider a variety of entry and exit points for programs

2. reflect in new ways regarding how learning at one level can be built upon in creative ways to help nurses continue their formal education,

1. rethink how programs can prepare nurses for an unknown and unknowable future,4. and to seriously consider the future of various program options. For example, what might the future of associate degree programs be as health care facilities demand nurses who

have a broad scope of preparation? What might the future of baccalaureate programs be if the role were to become widely accepted in the practice arena?

Finally, the context of nursing education is being influenced by two other significant factors:

1. a shortage of qualified faculty and

2. calls for developing the science of nursing education.

There is no question that most nursing schools across the country in all types of programs are experiencing a serious shortage of faculty who hold the appropriate credentials for faculty appointment and who have been prepared for the complexities of the faculty role.

**New competencies and outcomes for graduates**

As noted previously, today’s educational programs are called upon to prepare nurses who can provide safe, quality care to patients, families, communities, and diverse populations of individuals with health promotion, health maintenance, health restoration, and disease prevention needs.

To practice effectively in the uncertain, ever-changing health care environments of today and tomorrow, nurses must be armed with new skill sets.

Nursing graduates must be prepared with

1. exquisite thinking skills

2. the ability to make decisions in uncertainty

3. a system-wide perspective (rather than focusing merely on isolated incidents)

4. and the ability to create cultures that expect and value quality and safety.

They must also be able to engage effectively as members of interdisciplinary teams, to manage enormous amounts of often conflicting information, and engage in evidence-based practice. Finally, they must be aware of their own values, view themselves as leaders, and attend to the scholarly dimensions of nursing practice.

**Implications for adult health nurses:**

Ensuring quality health care for the public is the responsibility of consumers, health care providers, legislators, health care systems, and insurers.

Medical-surgical nurses are faced with many challenges as they strive to do their part to ensure quality health care as demonstrated by positive patient outcomes; however, these nurses do make a difference in patient outcomes and in the workplace. Expert nurses caring for adult populations must do the following:

◆ Be on the cutting edge of practice through continuous professional development and the implementation of evidence-based practice

◆ Maintain a focus on the skills, abilities, and contributions of nurses to the well-being of the public

◆ Assume clinical leadership roles within the workplace

◆ Test patient care delivery models to enhance patient safety and efficiency and to promote better patient outcomes

◆ Test strategies to improve the environment of the workplace

◆ Market an image of nursing that highlights the challenges and excitement of the career, with a focus on minorities and on children in elementary school

◆ Implement health-promotion strategies for healthier citizens, particularly older adults

◆ Participate in research regarding the effect of quality nursing care on patient outcomes and

◆ Be politically active to ensure the passing of legislation that supports health promotion and health maintenance

**Pediatric health care promotion**

**Nutritional maintenance and dental prevention**

Nutrition is an essential component of healthy growth and development, and its promotion begins at birth.

Human milk is the preferred form of nutrition for all infants. Breast-feeding provides the infant with micronutrients, immunological properties, and several enzymes that enhance the digestion and absorption of nutrients.

The success and longevity of breast-feeding has been found to be dependent on a positive initial relationship with a skilled health care provider, supportive family and social networks, and adequate breast-feeding knowledge

Nurses can have a great impact on these factors. Young children tend to establish eating habits during the first 2 to 3 years of life, and the nurse is instrumental in guiding parents with regard to the selection of nutritious foods.

During childhood, eating preferences and attitudes related to food habits are established by family influences and culture. During adolescence, parental influence diminishes, and the adolescent makes food choices related to peer acceptability and sociability that may be detrimental to the chronically ill child with diabetes, hypertension, or renal disease.

Vaccines have significantly decreased the prevalence of many communicable diseases. However, some vaccine preventable diseases (e.g., measles, pertusis) have recently reemerged, likely as a result of a decline in immunization rates.

**Chronic Illness**

Because of advances in medical technology, more children with chronic illnesses and disabilities are living longer.

Adolescents with special health care needs strive to become independent members of society by seeking an education, a job, social interaction, and health.

The ability to achieve successful adult outcomes involves developing strategies to assist with education, training, employment, and adequate access to health care

Many young adults with chronic illnesses are reluctant to transfer to an adult health care facility, and this transition can be a stressful event because of differences in practice styles. A successful transition requires early planning, a multidisciplinary approach to health care, and skilled health care providers.

Adult providers need to develop their expertise for treating chronic pediatric conditions, whereas pediatric providers need to develop skills to smoothly transfer their young adults.

A well timed transition allows young adults to optimize their ability to assume adult roles and functioning Pediatric nurses often assume responsibility for implementing transitional care within their specific patient population. Nurses also serve as legislative advocates for the lifelong needs of the chronically ill child and young adult.

Complexity:

The term that best defines current times is complexity as: we cannot isolate independent variables from others, i.e. the cultural, the economic, the social, the political, the religious, the technological are so imbricate (overlapped) that changes in one of them can mean simultaneous and a chain reaction of changes in all others [...] and we are inside the movement itself, which does not allow us to take distance [...] with a view to a broader understanding

In hospital services, workers still have strong contacts with patients (clients) and their relatives. The degree of participation of stakeholders in health service processes is narrow and determines service production, delivery and consumption, especially at nursing service units like the Pediatric Intensive Care Unit (PICU).

Mainly regarding nursing work, as observed, its practice is frequently hampered and even impeded by factors that are external to its dynamics and/or service organization (internal), especially due to the unavailability of varying material resources when this work is put in practice, that is, ranging from lack of medication to lack of water, as well as lack of workers, appropriate physical area, information and communication, among others.

As a consequence of this historical-social context, the way of leading (today managing) nursing services demands transformations, as it is not enough to assume the responsibility for the organization of the environment, work and care. It is necessary to assume the coordination of daily confrontations, whether with patients/family members or with nursing team members themselves, with peers or multidisciplinary team members, besides the confrontations resulting from other internal and external unit and hospital clients.

Thus, heading the nursing unit is affected by social demands that arrive at the hospital, beyond the intervention and recovery of the biological body, that is, actions are needed that consider the human being as a whole. Thus, it is inferred that the daily work of nursing heads at the PICU generates macro and micro-societal and institutional aspects, such as: ethics, cost-effectiveness, organizational culture, human rights, citizenship, justice, autonomy, equity, social control, among others, all of which interfere in the care process for children/ adolescents/families.

In this perspective, sharing this function seems to most closely approximate the complexity context, as it dilutes the head's responsibility for decision-making - which is solitary, centralized, vertical in the traditional conception - in the team although, like cells, heads are the integrating core of the nursing team.

In view of the above, questions arise, such as: how does the nursing team perceive the function of PICU head? What factors stimulate the nurses' interest or lack of interest in the head function? Does the daily work reality interfere in the nurse's decision to become the PICU head? Does the care dimension weigh in on the leadership dimension of the PICU for the nurses?