

Nursing – An Essential Human Resource for the Sustainable Development of Health Care

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Changing age profiles and an increase in the number of elderly people in Europe and throughout the world will affect health care systems perhaps more than we today can imagine. Despite that the older people of tomorrow are expected to be healthier and able to stay in their own homes almost indefinitely, increasing age (especially the number of people 85 years and older will increase) will still lead to an increased need for care and services. Sadly, the last period of life is often characterized by both acute and chronic severe health problems and suffering, and it is therefore anticipated that the amount and availability of care needed will require the new forms of health care services (1). Furthermore, our expectations of what health care systems should provide, especially in regard to health care personnel, are rising. We expect even more person-centered care and that our unique needs and wishes be taken into account while demanding an effective system that does not waste societal resources. Additionally, in many countries, the patients of tomorrow may also be even more well-informed and educated about their health problems and the current treatments available than today's already increasingly medically savvy patients. As patients, we expect to encounter highly qualified health care personnel. Without even taking into consideration the need for cost cuts due to the global recession, most European countries are even now struggling with the continually increasing costs of their welfare systems. During the last decades, scientific research in the health sciences has produced solutions to many health problems, and our capability in curing diseases, such as cancer, has improved fundamentally. Nonetheless, the efficiency of our health care systems is questionable, and many voices have begun demanding sustainable development.

The time has therefore come to question whether we are using health care resources and competence wisely or whether we are wasting resources due to a traditional and old-fashioned organizational culture and subsequently ineffective ways of working. Nursing has long traditions, and in many countries, nursing education has existed for around 100 years. Nursing, then, can be described as an essential human resource in health care systems throughout the globe. Still, has nursing as a human resource been used in the most efficient manner possible? Or has nursing as a human resource been "overused," overloaded, and perhaps wasted on the wrong tasks? It is

time that we reassess and critically analyze the way in which those working within traditional professions, such as nursing, and other health care professions work and act. Could the more efficient use of nursing as a human resource constitute one possible solution for the more sustainable development of European health care systems?

Nursing Resources – the Right Quantity at the Right Time

The effective use of available resources, including personnel resources such as nursing personnel, is a prerequisite for the sustainable development of the health care system. Along with an increased need for health care services, the need for the amount/quantity of nurses increases simultaneously with the need to improve the quality of nurses by raising the level of their clinical competence (2). Studies have shown that the time allocated for nursing care can be very limited when nursing resources are insufficient and not properly balanced with patients' actual care needs. This has been documented in a qualitative study as a metaphor of nurses' innermost experiences of nursing situations with a very high workload: "*a dialectic struggle between being or not being a good nurse*" (3). A multicenter study conducted by Rauhala et al. (4) in Finland showed a significant increase in long-term sickness leaves among nurses when nursing intensity and workload exceeded the optimal nursing intensity level. In the RAFAELA system, the optimal nursing intensity level is defined as: "a work situation where nursing resources (in working hours for direct nursing care) are in balance with the patients' actual care needs" (5). Today we know that nurse staffing levels are clearly associated with mortality and indicators of patient safety and outcomes (6). In other words, a high nurse workload leads to unnecessary suffering among patients, a suffering caused by the system or lack of care.

Thus, a clear need for the systematic assessment and measurement of needed nursing resources exists. Systematic research has shown that systematic classification using the RAFAELA system provides managers with the tools for effective and optimal resource allocation and promotes nurses' way of working with patients, thereby causing care to become more holistic and individual and improving the quality of nursing care (5).

Meeting the individual care needs of each patient requires not only the right amount of nursing re-

sources, but also the right competence if optimal and efficient resource allocation is to be achieved. A recent study on top-level politicians' and top managers' views of future challenges in the health care sector in the Nordic countries shows that older people's needs will be even more complex in the future than today and that nursing competence on an advanced level will be needed, especially within home health care and nursing homes (1). The same study also clearly emphasizes the need for open-mindedness and the use of health technology in the reorganization of future care. The findings reveal a multifaceted scenario where older people will have significant, acute, and complex needs, but resources will be limited while at the same time medical treatment and nursing care for older people at advanced and specialized levels within primary health care will be needed.

Nursing Resources – Competent Advanced Practice Nurses

Escalating health care demands combined with a shortage of physicians have forced politicians in many countries to reevaluate the distribution of work tasks and areas of responsibility among different health care personnel (7, 8). The roles and scope of practice that registered nurses (RNs) are allowed have been expanded in many countries, resulting in an improvement in the quality and cost-effectiveness of health care systems (9). Advanced practice nursing (APN) is an umbrella term for various nursing types and includes nurses acting in diverse advanced roles (8). The conception and education of nurse practitioners, or advanced practice nurses (APNs) as they later became known, emanate from America in the 1960s. APNs today include clinical nurse specialists, nurse practitioners, midwives, and nurse anesthetists. During the past two decades, APNs have become a well-established professional group in the United States, Australia, Canada, New Zealand, the United Kingdom, and the Netherlands.

According to the International Council of Nursing, APNs are defined as: “[an RN] who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice” (8). APNs possess the competency to assess, diagnose, and treat normal and/or acute health problems and situations and to provide follow-up care and treatment for chronic conditions. Furthermore, APNs are capable of assessing a patient's health situation and health history (*anamnesis*), evaluating and identifying a patient's need for care, ordering diagnostic or laboratory tests and prescribing medications (rights vary from country to country) as well as referring patients for further care and/or admitting or discharging patients from hospital.

The Nordic APN definition mirrors the ICN's definition. The 8 core competencies included in the theoretical Nordic APN model are as follows: direct clinical practice, ethical decision-making, coaching and guidance, consultation, co-operation, case management, research and development, and leadership (Fagerström, 2011). The foundation of the Nordic APN model is built on central theoretical principles in nursing science, including a holistic view of man and his/her context of life, health as the main focus for nursing care, an ethical way of relating to the patient (*ethos*) and caring as the core of nursing care. In essence, in the Nordic model, APNs offer holistic care on an advanced level and possess the clinical competence to offer a unique combination of caring and curing interventions to the patient with both acute and chronic health needs (Fagerström, 2011). Recently, the Nordic Nurses Federation (*Sykepleiernes Samarbeid i Norden*) expressed the need for a clear strategy for the development of APN in the Nordic countries.

In the Nordic countries, the first APNs graduated in Sweden in 2005 and in Finland in 2006 (Fagerström, 2009). To date, approximately 20 APNs have graduated in Sweden and 30 in Finland. In Finland, a new law was passed in July 2010 that allows RNs a restricted right to prescribe medication and which will almost certainly help the future development of the APN role there. In 2011, the first groups enrolled in a new program that, following completion, entitles RNs in education for RNs who are sent to the program by their employers. Following their satisfactory completion of the program and examination, participants are registered with Valvira (The National Supervisory Authority for Welfare and Health). This educational program is supplemental in Finland and gives the right to prescribe medications (limited prescription rights from a list); a joint program among universities and universities of applied sciences and worth 45 credits, the program (module) is considered further to the Master's program in advanced practice nursing available at 6 universities of applied sciences in Finland. New educational master's level programs are also under development in Sweden, Norway, and Iceland, and interest in new APN models is growing among managers of health care organizations.

Conclusions

Future challenges in health care are giving rise to new, innovative, and sustainable solutions. Good outcomes in both primary health care and hospital settings require the optimal allocation of care resources, both in quantity (number of nurses) and quality (competence), i.e., that care resources are in balance with patients' care needs. Well-educated APNs can meet actual and future care needs both

in hospital and primary care settings. Internationally, advanced practice nursing has been defined as an important resource in the development of evidence-based nursing and clear evidence exists that advanced practice nurses improve the availability of health care services for patients. By developing new advanced practice nursing models throughout the European countries, advanced practice nurses can become an

even more important human resource, especially in the care of patients with chronic diseases and acute health problems. Nurse managers, educators, and researchers are responsible for creating the sustainable structures and prerequisites needed for the implementation of the advanced practice nursing role through the formation of supportive organizational systems both in clinical settings and at academic level.

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