Future of nursing: As architects of care for an ageing population

A veteran nurse has seen how nursing has evolved over the decades, from basic nursing duties to redesigning hospital wards so nurses spend less time walking and more time by patients' bedsides. The next phase: nurses managing care for ageing patients in the community.

As the population ages rapidly, nurses will have to step up to a much bigger role as architects of care, influencing patients, families and other stakeholders in the area of care options, making decisions on the best care for patients and coordinating care delivery with various providers. ST PHOTO: KUA CHEE SIONG

Yong Keng Kwang

For The Straits Times

The ongoing Covid-19 pandemic has a silver lining: It has raised awareness and appreciation of the role of healthcare workers, including nurses. This is one reason why more people are switching to nursing mid-career.

As a veteran nurse, I see this as a welcome move because nursing can benefit from the influx of professionals with diverse experience.

At the same time, these mid-career adults will find that nursing these days offers a wide range of roles, far beyond that of the clinical care in hospital wards that most people are familiar with today.

In my 24 years as a nurse, I have seen the growth of nursing as a profession and, in my modest way, contributed to this growth.

I was involved in three changes to improve the nursing profession over two decades.

The first change was more empowerment through reduced hierarchical structure; second, more pathways for nursing beyond task-based roles; and third, involving nurses in training others (support staff, caregivers and patients) to take on tasks that were once performed only by nurses.

FROM STUDENT NURSE TO NURSE ADMINISTRATOR

My story began when I was a student in the United Kingdom from 1991 to 1995, at the University of Manchester. I spent my final year of studies as a community nurse, forging friendships with patients and linking them up with the follow-up care required.

I enjoyed the close interactions and the feeling of efficacy that came from being able to help them with my nursing skills. This was the precise reason why I had wanted to be a nurse in the first place.

In 1996, I returned to Singapore and took up a position as a registered nurse at Tan Tock Seng Hospital, hoping to repeat the experience of professional autonomy I had enjoyed abroad.

But my first three years in the general wards and intensive care unit (ICU) were spent on honing my clinical (practical) skills instead, and I had to oversee the care of more than 12 patients in each shift.

The task-oriented aspects of the job helped me understand why the public in Singapore viewed nursing as an "unglamorous" job involving hygiene care, and why patients and their families preferred to discuss important decisions with doctors.

As a junior nurse, I observed that nurses received more compliments from patients and families about their care experience than doctors and allied health professionals did. This is unique to a nurse's calling and profession.

After three years in the wards, I took up an opportunity to go on the nursing administration track in 1999, hoping to effect greater change.

Over the decades, I found that two concepts are useful in understanding the changing role of nurses: the idea of nurses beyond nursing; and nursing beyond nurses.

"Nurses beyond nursing" means upskilling nurses to achieve deeper professional competencies as advanced practice nurses, nurse clinicians, ward resource nurses, principal nurses and community nurses.

This involves redefining and strengthening the nurse's role as a first responder and knowledgeable patient and family advocate.

In the near future, we can expect to see nurses undertaking more clinical decisions and initiating more orders of investigation and intervention that are usually taken on by doctors.

This is the future of nursing: learning across disciplines and gaining trans-disciplinary skills – which means the nurse may be equipped with the competencies of the doctor, pharmacist and therapist to better manage and integrate care for the patient, especially in an ageing population where we see more seniors with complex conditions.

"Nursing beyond nurses" empowers support staff like healthcare assistants, health attendants and patient service associates to take on value-added roles like venepuncture (puncturing a vein to draw blood), running electrocardiogram and urine flow management tests or the removal of intravenous cannulae (flexible tubes inserted into veins).

RENOVATING FOR THE FUTURE

Another interesting project I was involved in was the Ward of the Future (WOF) innovation project in 2010.

What started out as a renovation project to upgrade wards became the transformation of inpatient nursing. This was against a backdrop where nursing work was notoriously exhausting, both physically and emotionally.

In our initial studies, we shadowed a group of nurses for an entire shift over two weeks. We found that nurses spent most of their time away from the bedside – each nurse could walk up to 8km in each shift and yet spend only about 10 per cent of his shift hours in direct care with the patient and/or the patient's family.

Such a disengaging experience aggravated the nurses' sense of physical fatigue and became one of the top reasons for dissatisfaction at work. Consequently, it contributed to a fairly high level of attrition among nurses.

One key change was to redesign the layout of the ward to improve the nurses' line of sight of patients, to enable more direct patient care.

In our bid to improve line of sight for the nurses, we learnt that patients also expressed their comfort about being able to see a nurse nearby, thus making the environment conducive for healing.

The WOF project was awarded the Public Service's Best Practice Award for Organisational Development in 2014.

Over three years, significant changes included improvements in response time to patients' needs (by about 25 per cent) and direct care time for nurses (from 10 per cent to 30 per cent).

Another project to get nurses across the ranks involved in coming up with good ideas to improve their practice saw good results.

One innovation was having new hospital beds fitted with a motorised fifth wheel and a built-in weighing scale, saving half the transfer time and energy to carry a patient off the bed to be weighed.

Another innovation was a one-piece hospital gown with buttons on the sides near the shoulders, and two straps at the back, for ICU patients. This special design allows lines and tubes to be accessed easily and for pyjamas to be changed in less time.

Nurses in the wards also had an idea of specially designing hand mittens that are cushioned and fastened with zips, for patients with dementia or delirium. This prevents them from pulling out their tubes or catheters if they become agitated or restless.

THE FUTURE OF NURSING

In recent years, we have progressively removed unnecessary manual tasks from nurses' care responsibilities. But core nursing roles such as basic hygiene care that cannot be replaced or automated in the near future will remain important tasks.

As nurses, we see this as part of being a "complete" healer – to influence and decide the path of healing for the patient, and then be a partner of the patient and family all the way in their healing journey, even when cure is not (immediately) imminent.

But as the population ages rapidly, nurses will have to step up to a much bigger role as architects of care, influencing patients, families and other stakeholders in the area of care options, making decisions on the best care for patients and coordinating care delivery with various providers.

In Singapore, doctors, not nurses, usually perform this role of deciding on and structuring care for patients.

But this has to change in order to achieve a sustainable care model in a rapidly ageing population. This is because care interventions are not as straightforward as before, and may require more mutual goal settings and multiple adjustments along the healing process.

After all, many people, including myself, would prefer to age in place and within our home and neighbourhood. For example, if my health condition is not too complex, I would prefer to see only one healthcare practitioner who is familiar with my health profile so that costs remain affordable.

As I see it, the nurse fits this role best. This is because nurses are at almost every touch point of the patient's healthcare journey, and we are increasingly competent.

Nurses in Singapore are more than ready to play a pivotal role in overcoming challenges and transforming the way healthcare is to be delivered in the future.

If we can keep our focus on making a difference in the patient's healing process, I firmly believe we can achieve more and step up, as shown by how we have demonstrated courage, wisdom and steadfastness in facing all disease outbreaks so far.

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There's a simple reason Spain has been hit hard by coronavirus

Spaniards did their part, staying home and wearing masks. But politicians quarrelled among themselves and repeated the mistakes of the first wave of the virus.

David Jimenez

MADRID • Politicians here seem to be mystified as to why Spain is, once again, the European country hardest hit by the coronavirus pandemic. They have blamed the recklessness of youth, our Latin inability to keep our distance, and even immigration. And yet all this time the answer has been right under their noses: Nothing has eased the spread of the virus as much as their own incompetence.

Spaniards patiently accepted the toughest confinement in Europe during the first wave of the virus in March, enduring serious economic losses in exchange for protecting the lives of their elders and the most vulnerable. We have been among the most disciplined in adhering to regulations like wearing masks, which are used by more than 84 per cent of the population.

Yet, today we are seeing our sacrifices being squandered by a political class that did not hold up its end of the bargain.

On Monday, the Madrid government imposed a partial lockdown in 37 areas; on Wednesday it requested urgent assistance from the army and the dispatch of at least 300 doctors after being overwhelmed by a new wave of infections.

Spain had the virus under control when it ended the state of emergency on June 21. Prime Minister Pedro Sanchez declared victory and organised a hasty loosening of the lockdown that included the reopening of the tourism industry. Responsibility for healthcare management was handed off from a central government that had handled the pandemic ineptly (Spain led in mortality and health-worker infection rates) to the country's 17 autonomous regions, which have not done any better. The fact that there were a few exceptions, such as the northern region of Asturias, only underscores the widespread failure.

Before this second wave, there was plenty of time to put in place measures that have shown their effectiveness in Asian countries and have lessened the impact of the pandemic in closer ones, such as Portugal.

But our politicians decided to ignore them: Healthcare systems were not fortified, plans were not made for the reopening of schools, and the tracking system recommended by all the experts was not put into place.

One of the keys to slowing the spread of the virus is to perform polymerase chain reaction testing on as many people as possible who have been in contact with infected people. But the average number of potential cases that Spain manages to trace is lower than Zambia (9.7 for every confirmed Covid-19 case), one-fourth that of Italy (37.5) and one-twentieth of Finland (185).

Our politicians have little incentive to strive for excellence, because they know that Spaniards' loyalty to their parties rivals their loyalty to their favourite soccer teams.

Ideology and partisanship carry more weight at the polls than the candidates' preparation, honesty and experience, sending them the message that their success doesn't depend on their management or the results they obtain. If the pandemic has taught us anything, it's that the price of not having our very best at the helm is too high.

While political parties continued to deflect blame about who was responsible for the first wave, the second wave was already under way.

Now it is out of control and dozens of places are once again enduring lockdown restrictions. Hospitals, which have a chronic deficit of doctors, are experiencing deja vu. The healthcare workers we applauded as heroes in March and April view "the spectacle of our political leaders with dejection and indignation", according to the General Council of Official Medical Colleges of Spain.

Of course, these frustrations are not unique to Spain. The confluence of the pandemic and the emergence of populism and extremism around the world, from the United States to the Philippines, has hindered responses that are based on knowledge, science and effective management. But in the case of Spain, these problems transcend the current situation.

Our political parties have become organisations that are hermetically closed to outside talent. Spaniards do not elect individual candidates, but choose a regional party list with candidates selected by the parties in a process where intrigue and relationships count more than competence. Most of our representatives arrive at positions of responsibility with no experience beyond the political. Only 36 per cent of Congress members in 2018 declared that they had ever worked in the private sector.

In normal times, Spain's political dysfunction was less obvious. But the pandemic has revealed a painful truth: Incompetence costs lives and ruins economies. This is evident in the region of Madrid; today the financial and governmental centre of Spain is in dire straits.

New York and Madrid were in similar situations in June. After initially being hard hit by the coronavirus, both cities seemed to have the pandemic under control. Since then, the region of Madrid has seen cases multiply to 772 per 100,000 inhabitants while New York has kept the situation under control with 28 infections per 100,000 inhabitants.

There is no mystery here either: The difference is explained by the number of trackers, hospital support, prudent reopening of businesses, and tests.

In recent months, the president of the community of Madrid, Ms Isabel Diaz Ayuso, a member of the conservative Popular Party that has been ruling the region for 25 years, had promised trackers, healthcare reinforcements, and schoolteachers, who have arrived late or not at all. In addition to the tensions with the central government, experts' recommendations have been subject to political opportunism, measures have been put in practice too late and, characteristic of Spain's ruling class, blame has been spread to avoid responsibility.

Reversing mediocrity in Spanish politics will require profound reforms that must begin with education, whose benefits in fostering a new generation of leaders may not appear for years. But nothing is stopping us from beginning with more concrete measures that could slow our political decline.

It is crucial for Spain to reform electoral law so that voters choose their representatives directly, rethink the territorial organisation that has caused a lack of coordination among regions, and strengthen the independence of government institutions, which are filled with politicians who offer blind loyalty to their political parties.

Yet none of this will matter if Spanish leaders aren't held accountable at the polls.

In the next election we should not forget those responsible for the disastrous handling of the coronavirus pandemic.

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