Power System Technology
ISSN:1000-3673

Received: 16-06-2024 *Revised: 05-07-2024* *Accepted: 02-08-2024*

The Evolving Role of Nurses in Modern Healthcare: From Bedside to Leadership

Nadia Abdullatif Aldossary1

1 Corresponding Author, Nurse tech, Dossaryna@ngha.med.sa, National Guard Hospital-Dammam

Abstract

Nursing, a profession essential to healthcare, welfare and crisis management, is also one of the oldest professions with roots in ancient times. Nursing's crucial position in helping people of all ages, genders, cultures and ethnicities in coping with health, illness and crisis situations, is an essential component of all healthcare systems. Nurses were recognized as leaders stand-alone "within and outside formal systems of health service delivery" (Athlin et al., 2014). The disaster of 911 and global pandemics reaffirmed this, as governance is only part of the process in public health care and crisis management. With the right resources and nursing educational pre-conditions, implementation and execution of these philosophies belong to nurses themselves. However, political transformation and risk society have led to homogeneous resource allocation and indiscriminate cutbacks, computerization and digitalization of resources, recruiting and reallocation slogans that overlook environment and locality, shifting of nursing personnel, and a forgetfulness of nursing's importance as frontline professionals in the struggle for societal equality and health care.

The visible burden of ambiguity and contradictions in the evolving role of nursing was scrutinized. Professional identity and voice that are born of frontline experiences, led to nursing expertise, competence and know-how essential for both healthcare and welfare. Increased demands for self-governing independent evidence based frontline decision-making without empirical policy know-how. Welfare, state and sociopolitical perspectives of competitiveness and cost-savings have shifted nursing's picture from a social service to a marketable service, placing untenable demands on health work time. There were increasing top-down models without empirical evidence of effects on the trajectories of the frontline workers in provision of care. Long-standing views of nursing have been abandoned, including models of collaborative work, ownership of work, responsibility for adequate peer-support, and ethics of care and services.

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

Keywords: Nurse leadership; Nursing Profession; Attitudes; Community Response; Prospective Studies

1. Introduction

The nursing profession has evolved to meet the demands of healthcare delivery. The roles and responsibilities of nurses range from direct patient care to administrative roles. In some countries, newly graduated nurses are thrust into management positions. Changes in roles may result in policies that place nurses at higher salaries but little or no training (Athlin et al., 2014). Increased workload for nurses has resulted in the transfer of core responsibilities to coworkers. These changes lead to unrest among nurses. Their role has shifted from patient advocacy to administrators.

The nursing profession is responsible for direct care, education of patients, and patient advocacy. Many core competencies remain the same despite changes in education and the profession's evolution. Health care science has impacted patient care. Using knowledge and experience in a proper way has been complicated by modifying abilities, underutilizing. Changes in the profession have left some nurses doing things contrary to how they were taught and know to be better. Bedside nurse leaders' authority increased with job titles but salary discrepancies appeared when competition for staff escalated.

Increased salaries of nurse leaders did not match titles, and education or preparation did not exist for increased duties. Those new responsibilities may take nurses away from care. Large systems have been adopted to record care or administer staff, contracts and due diligence that may take even more time. More experienced nursing staff voluntarily retire or go elsewhere. Responsibilities and duties do not automatically transfer to hold a title. The new policies complicate and change nursing's roles, abilities and responsibilities in patient care. These nursing changes filter into teams nursing and work. It is unclear how the nursing profession, education and practice will change.

2. Historical Perspective on Nursing

Since the ancient civilizations, historical sources show that there were people who cared for sick humans. In ancient Egyptian and Greek civilizations, priests healed the sick with worshiping and praying. The most famous of these priests was "Aesculapius" in ancient Greece. The priest Aesculapius and the people who assisted him healed the sick people by applying religious rites to them while reciting the scriptures, bathing them in rivers, and preparing special food to consume. The Cretans are among the first who made health-oriented laws and rules. The Cretans developed the earliest known medical text.

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

The Aesculapian temples were constructed, which were the first hospitals in the world. In parallel to the treatment services, contagious diseases were prevented by establishing quarantine limits. In Greece, about 400 B.C. "Hippocrates," the "father of medicine" came to the world. His doctrine emphasized natural causes rather than superstitions. He prepared the list of the first drugs. His followers were called Hippocratics and they developed detailed medical practices in Europe and Mediterranean coasts during the middle ages. During the 19th century, nursing took significant place globally with stories describing a "nurse" by Florence Nightingale. She became the pioneering of modern nursing and the first one to organize nursing schooling by establishing schools, The Red Cross, and Tuberculosis Association. The War of Crimean was a turning point for the demand of nurses. The need for professional caring in battlefields caused the war. The start of the war was still the period when high-quality individuals of the population were shaped through education. The profession was discussed as a self-explanatory issue (Williams, 2017). The critic thoughts on nursing became public knowledge as a movement, and medical education, disease management techniques, and the needs for the health sciences became popular. The basic skills and peculiar needs of nursing required its own specialization.

3. The Transformation of Nursing Roles

Nursing has a significant history that has developed in understanding the significance of high-quality care within every level of society. Nursing was formed in response to the widespread need for individuals who could help alleviate suffering via supportive strategies, with this as the foundation for competent practice. Since then, expectations of nursing have: risen and transformed; expanded scope, authority, and balance of responsibility; given rise to multiple pathways for establishing competence and became more complex across care contexts. Not the least in this evolution are nurse leaders who guide the nursing profession. Hence, Norwegian and Swedish bedside nurse leaders form the subject of this study. The nursing profession in Norway and Sweden, as in several Scandinavian countries, consists in an advanced and formally regulated manner with a broad organisational structure. The bedside nurse leader positions at the first-line level could be found within different managerial pathways and were named various leadership titles depending on context. Inter-cooperation, support and trust between different levels were emphasised as important aspects of a healthy working environment. The choices about service access were manifested through legislation about home caring offerings of varied level. Hence, potential consequences of this regarding service inequality and inequity in clinical leadership needed to be acknowledged and address from patients',

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

health care organisations' and nurse point-of-views (Athlin et al., 2014). This highlights the need for ongoing efforts to improve the bedside nurse leaders' situation both professionally and personally. This could be perceived as obligation and should be undertaken together and across health care contexts. To safeguard the quality of care and working environment in a future more advanced health care, it will be nursing's responsibility and challenge to anchor nurse leaders with competence and authority at the bedside. More than the present investigation is needed to explore bedside nurse leaders' challenges in a broader perspective and including nurse executives, middle managers and leaders in the private sector.

3.1. Shift from Bedside Care to Leadership

The bedside nurse is primarily perceived as a health care practitioner, while the nurse leader is alternately viewed predominately as an administrator. The aim of this article is to descriptively and exploratively elucidate factors that may hamper or assist the nurse leaders in bedside nursing. Data collection consists of field observations, participant observations and in-depth interviews. Results indicate that distinct professional qualities characterizing leaders in bedside nursing were identified. However, obstacles to leadership were also framed, both in organizational set-ups and in nurse´s own anticipated leadership qualities. Implications for present and future nurse-led health care services include the need to balance professional clout with formal authority, to come to terms with the many faces and modes of working at different levels of authority of bedside nurse, and to obtain the institutional means to converse, supervise and develop team members.

The bedside nursing leadership play a key role in the micro level, characterized by informal authority that cannot be enforced by appointments, rules or structures. The bedside nursing leadership play an essential role ward, and it has been suggested that an even tougher leadership practice would be beneficial. A ward with an absent bedside nurse leadership has been conceptualized. The move towards a hospital management that concedes that nurse leaders at bedside ought to take the lead is implied. Bedside nurse leaders should also be given time to conduct leadership efforts with less frustration for lack of time (Athlin et al., 2014).

The bedside nurse leadership are highly experienced nurses, which may be regarded an obstacle in obtaining such posts with loose wires in formal authority, whereas the authority to empower co-workers, to distribute tasks and responsibilities, to be

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

accountable for what fellow nurses do and say, and to once again define the agenda from an operational viewpoint rests with others. There should be greater openings for nurse leaders operating at the bedside and more opportunities for career advancements up through the nurse-led health care services. How to become a bedside nurse leader and stay in the position of being a bedside nurse leader was also brought to attention. It might jeopardize a more moderate job when a nurse leader takes side with the employed nurses against the hospital management.

3.2. Emergence of Advanced Practice Roles

The past four decades have witnessed the emergence and evolution of advanced practice roles in response to the changing health care environment and the needs of patients and populations. Their roles and responsibilities differ across countries and institutions; however, they focus on: (i) comprehensive assessment, diagnosis, and treatment of disease or injury in addition to increasingly complex clinical care (ii) coordination of care and management of organization of patient care across settings and disciplines on a population basis in collaborative and collegial relationships (iii) performance of activities required to deliver care, for example, conducting patient- and population-based research and policy development and dissemination (iv) professional and scientific leadership and inquiry, such as advocacy for health and health care improvements and conduct of research required to generate new knowledge for nursing and health care (P. C. Chau et al., 2022).

As new domains and scope of practice and advanced practice roles emerged, it is essential for nursing schools to understand the current advanced practice roles and prepare their graduates for future ones. The aim of this study is to describe the perceptions of recent nursing graduates, their managers, and nursing school educators regarding the transition to advanced practice roles, their current advanced practice roles, and the perceived impact on patient care. Recent nursing graduates and their managers were recruited in this exploratory, descriptive study using an online questionnaire with closed- and open-ended questions. Quantitative data were analyzed statistically, while qualitative data were analyzed with qualitative content analysis. Findings provide insights into the current transition to and roles in advanced practice and their perceived impact on patient care among recent nursing graduates. The study is framed within the content, process, and consequence model of professional and occupational socialization.

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

Registered nurses play a crucial role in patient assessment and management, which have become more challenging and complex with expanding patient needs and expectations and rising service demands. The widespread nursing shortage has resulted in an increased scope of practice and patient load for existing nurses, which prompted their enactment of various advanced practice activities. Indication of an either stable or increased transition to the advanced practice roles Confusion regarding the categorization and nomenclature of the advanced practice roles, as the items could not be grouped into any common themes as intended.

4. Impact of Technology on Nursing

As computer technologies became the primary means through which patient information was managed in hospitals and clinics, nurses likewise began to adopt new methods of record keeping. The day-to-day documentation of patient health concerns, vital signs, medications, and care interventions transformed from handwritten notes to the use of computers and software designed to gather this information. This push to computerized documentation occurred so rapidly that most hospitals and clinics had little time to prepare for the transition to electronic records (Jennifer Ricks, 1970). Nurses were largely left to their own devices to discover not only the local policies and procedures for proper documentation, but to increase their computer skills as well. New concepts like “patient portal,” “workflow,” “user acceptance,” and “interoperability” became commonplace yet still unfamiliar for most practitioners. New roles began to emerge for some nurses. Nursing informatics became an official specialty for the American Nurses Association in 1992, but few nurses were prepared. It became an immense challenge for the nursing workforce, as well as for the nurses who had taken on these new roles.

Technology has allowed for the development of several new devices that issue alarms. Bedside monitors now measure and display heart rates and rhythms, blood pressures, and oxygen saturation. This information is historically gathered only at set intervals, but now it can be sampled at several points each minute. Too frequently, however, alarms become excessive in number and volume and nurses find it difficult to keep pace with them. Fewer than 5% of monitored patients may have any threshold event, however, “false” alarms are regularly triggered by inappropriate settings or device malfunction. Nurses frequently complain of being overwhelmed by a barrage of alarms, creating a condition in which auditory fatigue and distraction set in. Even when alarms are appropriately configured and displayed, alarms may be ignored during busy shifts; there are a number of devices on any given nursing unit, and each device may produce multiple alarms.

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

Faculty discourse in journals has pointed to a probatum as a timely educational event addressing alarm fatigue. Focused “task forces” have been convened in some hospitals to conduct systematic evaluations and address these concerns. Though evidence about the impact of technology on healthcare settings is limited, most healthcare consumers are likely aware of these services and devices.

4.1. Telehealth and Remote Patient Monitoring

The rapidly growing demand for home health care and continuity of care for individuals with chronic health conditions has raised the question of how future homecare nurses will use advanced technology for telehealth (Palmer, 2016). Increasingly complex patients have changed the way health care is delivered in the past few years. The role of nurses as patient providers has changed, requiring these individuals to work as members of coordinated care teams. Homecare nurses are expected to assess moderately complex patients in the home environment, provide disease-focused education, and collaborate with other health care providers to improve the understanding of health information challenges. However, using advanced technology has added health information management complexities. Entering data into home telemonitoring systems requires homecare nurses to document events that may have caused health-related problems instead of targeting underlying chronic conditions (M. Rutledge et al., 2014). Nursing practice is expected to change, requiring the need for education regarding these new systems.

Several health information technologies that were implemented in the home environment were exclusively designed with health care providers with advanced degrees in mind. However, it has been shown that home telemonitoring systems can improve health status or reduce costs in older adults with chronic health issues. Thoughtful consideration of the usability and operability of the technology in home environments is required to successfully support nursing care with these telehealth systems. In order to understand the usability and operability of telemonitoring systems, it is necessary to consider the role of these systems in homecare nursing care and determine how this influences the analysis, strategy, design, and development of such systems, especially if the nursing care is focused on chronic health issues.

Nurse-led telemonitoring interventions have shown to be an effective care model for patients with chronic health issues. Compared to non-telemonitoring, nurse-led telemonitoring interventions show significantly higher patient satisfaction. In the

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

intervention groups, a larger percentage have medication compliance post-telemonitoring than that pre-telemonitoring, which suggests positive behavior changes after telemonitoring. Telemonitoring with case management has a significantly greater impact on hospital visits, and thus a significant decrease in total health care costs, especially for nursing services. In summary, cases associated with nurse-led telemonitoring have significantly increased subsequent medication compliance and improved access to health services.

4.2. Electronic Health Records and Data Management

They are promising technologies from the 1990s that are expected to revolutionise the future of medicine. The potential of EHR data to be utilised for reflective practice is also gaining traction across the health professions. This entails reflecting on past practice as a means of guiding future practice. In nursing this includes the search for evidence of how practice has evolved, due to the rapid technological development of the profession. This raises questions about where to find such evidence and how best to sort and analyze information. EHRs could provide rich longitudinal evidence of these changes, but their current individual-level visualization focuses mainly on clinical treatment decisions. More sophisticated visual representations that combine individual-level EHR data over time and at a population level are needed (Janssen et al., 2023). A missed opportunity exists in the absence of such longitudinal visual tools to support nurses who want to reflect on the evolution of their practice and prepare for future changes. Health informaticians have developed various tools for data mining of EHR-derived research data, but the disciplined narratives it follows do not correspond to the way health professionals train to critically evaluate research evidence. An overlooked aspect of EHRs is the ability to inform the wider public of hospital-level performance, which could be used to reflect on how practice has evolved. A database to explore the hospital-level development of breastfeeding practices post-discharge after normal birth of term infants in the Netherlands was created at this level. The importance of data engagement as a virtuous approach for informing public health and advancing nursing leadership is elaborated on. Current healthcare data governance prevents public engagement with EHRs, resulting in limited visibility and the use of data for improvement of care. Moreover, the theoretical basis of data engagement is explored. Practical opportunities for nursing leadership that drive public engagement with EHRs in the future are discussed, including interdisciplinary collaboration and auditions for ethical oversight.

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

5. Nursing Education and Training

Nurses started in the late 1800s in the USA with Nightingale training schools. These schools changed from hospital-based programs in the 1970s and 1980s to providing nursing training, followed by a three-year nursing course at a university. Nurses became more mobile and started seeking career advancement. As a result, entrance requirements increased. Professional nurses had to have a four-year degree, enrolled nurses passed a two-year training program in nursing or auxiliary health care, and nursing assistants were trained for one year. Midwives trained for a four-year degree and a specific four-year degree in advanced midwifery (Jennifer Ricks, 1970). Thus, many nurses moved from hospitals into private practice. Nurse practitioners trained for two years to prescribe medication. Nurses were allowed to practice outside of hospitals in changed legislation to ensure availability of health care, particularly to underprivileged communities. These were changes that transformed nursing practice and status in South Africa. In the past it was unheard of for nurses or other health care professionals to ask for advanced capacity with their scope of practice. Nursing faculty trained nurses with a master's or doctor's degree on professorial level instead of services only. Nurses were able to both practice and advance in the academic domain. Research ethics committees were established to protect nurses' rights. Increased independence and accountability was provided via strengthening of legislation and registration with an independent board. Increased independence resulted in widening of the scope of practice to include advanced and more specialized aspects of care. Training in these specializations helped both to develop clinical skills and advance the nursing profession (C. Wright, 2019).

With the unprecedented growth of nursing globally, it is important to better understand the realities faced by nurses still doing their vital and often unsung roles today. The challenges are many. Nurses have a personal responsibility to develop and sustain their knowledge and skills. Once on the road of becoming skilled practitioners, it is easy to move to skills at the higher levels and avoid access to the basics or "back to basics" nursing. Training is left behind and misplaced and filling in exemption forms become burdensome, especially when time is a major constraint in balancing work, family responsibilities, and "life".

5.1. Evolution of Nursing Programs

The American Organization of Nurse Executives' (AONE) Nursing Leadership Competencies provide a framework for development of needed leadership skills for nurses throughout the organization. It has become well recognized that to address the

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

critical healthcare workforce shortage, there needs to be an effective pathway from the bedside to the executive suite. Many organizations have implemented programs to develop nurse leaders in order to mitigate loss of nurse leaders transitioning to Executive roles as retirements continue to grow. While these programs are typically targeted towards those already serving in executive roles, it is critical to also address development of an entry-level pathway for nurses to get information about roles which they may aspire to.

A considerable amount of literature on development of nurse leaders was reviewed to create a comprehensive nursing leader development program, as well as to build on previous work already done in creating part of this curriculum (J Rothausen & M. DNP MPH RN Bazarko, 2014). Each set of competencies and the associated behaviors were then reviewed for overlap. Strong agreements in competency groupings across available resources were noted. These included business acumen, change management, decision making, influence, problem solving, project management, systems thinking, culture of safety, vision, and strategy. It is critical that those entering into executive positions demonstrate competence in these skills as they are tasked with setting the strategic direction for their respective organizations. Overall, many similarities in behaviors grouped and clustered by competencies were found, which is important to note in order to develop a solid foundation of competencies. Less agreement in identification of behavioral groupings for leadership competencies was noted. Review of available competencies and training programs in the literature highlighted a widespread lack of competencies and attendant programs targeted to those entering into the entry level nurse leader roles.

5.2. Continuing Education and Professional Development

Nurses globally have a long-standing commitment to continuing education to keep their licences current, advance practice, and maintain quality of care. The importance of continuing education as a major element of the professional development of all nurses for the attainment of high-quality nursing practice and maintenance of public trust and consumer protection is universally acknowledged. Literature focused on the education, training, and professional development of the nursing workforce is vast and multi-faceted. A strategy for raising nurses' education and training is to conduct a gap analysis comparing existing training and education with projected demands, keeping in mind international best practice and national sociocultural realities. Already after deriving a clear demand, the focus could then turn to the development of relevant curricula.

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

CPD encompasses development opportunities that are required to develop, augment, or maintain a nurse's skill, knowledge, or competency, which must include a CPD planning process. In Australia, CPD appears to be underutilized as only a limited number of CPD records were kept. In addition, studies suggest that the implementation of CPD is inherently challenging due to financial and time constraints. A collaborative approach aimed at nurses' insights and suggestions is required to ensure CPD is embraced. In this context, this study aims to explore and describe nurses' perspectives on CPD. CPD opportunities available in Saudi Healthcare organizations, and the enablers and barriers in the provision and participation in CPD activities.

The rapid expansion of the knowledge base and the technology explosion have put the paradigm of educating nurses as a degree-prepared profession under siege. Reassessing the effectiveness of continuing education as a model for upgrading nurses is urgent because the knowledge to competency deficit of nurses is unacceptable. Considerable effort is being made in many parts of the world to adapt and implement practice guidelines to address these issues, using strategies such as continuing education (CE). CE efforts are well supported and often mandated, but evidence for a change in practice has never been shown convincingly (Kurtović et al., 2024).

6. Leadership in Nursing

The review adopted interpretive description and focused on how new graduate nurses perceive nurse leadership and the influence of conditions on the development of this construct. The analysis of nine semi-structured interviews with new graduate nurses working in acute care settings led to the development of an inductively-derived model—the nurse leadership trajectory model. The nurse leadership trajectory model contains four constructs: developing a conceptualization of nurse leadership (dawn of realization); initiating the development of nurse leadership skills (nudge); persisting and increasingly skilled in nurse leadership (middle ground); and becoming a nurse leader (arrived). In this model, the constructs are further divided into two phases: the preparatory phase (the first three constructs) and the overt phase (the final construct). In addition, eleven conditions that influence the development of the constructs were identified, and these conditions are organized under three categories: society and healthcare system; organization and culture; and individual's willingness and opportunities.

Nurse leadership is defined in multiple ways, in diverse contexts, by various professional groups, and from differing expectations. As such, nurse leadership is a messy, multi-

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

layered, and complex construct. However, like any emerging phenomenon, there is a need to carve a clearer, deeper, and broader understanding of nurse leadership (Williams, 2017). Despite the inherent ambiguity around the definition of nurse leadership, every nurse is a leader, and nurse leadership takes many forms. Nurse leadership's core is bringing out and bringing forth others' best to provide the highest level of nursing care to patients and families. At the individual level, leadership promotes the personal development of nurses, motivates them to work as a group, and enhances the working culture of organization. It provides innovative ideas and a broader vision at the dyad and group levels; functions as a firm foundation of organization reforms, strategic planning, and change management at the organizational level; paves the way for the smooth operation of the healthcare system at a greater level.

6.1. The Role of Nurse Leaders in Healthcare

The nursing profession has a long and honorable history marked by major transformations in educational preparation, practice role delineations, and leadership development. As one of the fastest-growing occupations in the United States, nursing is a diverse profession that encompasses multiple overlapping roles, including: delivering care; coordinating care; ensuring safety and quality; developing and managing health care systems; educating; and conducting research. Nurses provide a unique perspective given that they work throughout the continuum of care, across the disciplines and specialty areas, including primary care, long-term care, hospitals, specialty clinics, and homes. It is crucial that developed nurse leaders be given the opportunity and the support, from both the profession and the institution, to effectively translate their skills into the different domains of leadership (Williams, 2017).

Traditionally, the unique quality of nurse leaders in bedside nursing has been their backgrounds as clinical nurses. Clinical nursing expertise was viewed as an important prerequisite for leadership, as it was regarded as essential for high-quality nursing care. Factors that were identified as important for successful clinical leadership included being on the wards for collaboration and support, working closely with both supervisors and other professionals, and being flexible in the use of one’s expertise and knowledge. However, nursing background as the basis for leadership in bedside nursing has been questioned. Voices have claimed that basic training in management, administration, and economics would be a path to more cost-effective utilization of the worries about nursing as the basis of leadership in bedside nursing. The change of focus towards management as nursing’s future in leadership has been alarming to leaders as well as to those still

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

studying to become clinical nurses. On the other hand, some of the most successful organizations in the for-profit and public sectors are those utilizing a combination of clinical nursing expertise and business administration competence. It is possible that the sole availability of either background within bedside nursing organizations, whether clinical nursing expertise or business administration competence, would result in poorer care, safety, and working conditions.

Expectations directed towards nurse leaders on the wards are to ensure that the nursing personnel deliver high-quality and evidence-based nursing care. More administrative and human resource tasks have been put on nurse leaders, and these expectations have similarly been directed at clinical nurse supervisors. Interest in the nursing leadership phenomenon has resulted in an enormous body of literature describing the new leader role and its requirements with varying focus and approaches. However, more than two decades of research about nurse leaders working with bedside nursing in hospitals and community care have failed to answer the questions regarding who these leaders are, how they can be defined, and how they view nursing leadership.

6.2. Leadership Styles and Their Impact

The dictionary defines ‘leadership’ as the action of leading a group of people or an organization, or the ability to do this. This implies that leaders are people who lead others in some way, direction or purpose. The term ‘leadership’ goes far beyond managers, team leaders, or charge nurses. In nursing, ‘leadership’ refers to the ability of an individual or group to influence and guide followers or other members of a group (Williams, 2017). This definition includes formal and informal leadership roles, but as previous definitions suggest, it is also important to realize that being a ‘good nurse’ does not automatically mean being a good ‘nurse leader’. Leaders are not born but made. There are many nursing leaders who were ‘good nurses,’ but who were not able to carry on their important role as leaders of practises, teams, and disciplines over the years.

Nursing leadership refers to the ability of individuals or groups to influence and guide followers or other members of a group in a nursing or health care context. This includes the methods and ways in which nurses exert influence over others. The term ‘nursing leadership’ goes further than setting an example for others to follow. It also includes all behaviours and styles used by nurses to influence other people’s actions and thoughts. In practice, nurses use a mix of various leadership styles, including coaching or mentoring, autocratic, and laissez-faire leadership. Each of them is described briefly below. In

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

coaching or mentoring leadership, questions are asked of team members so that they come up with their own solutions instead of being told what to do in a traditional hierarchical manner. Autocratic leadership refers explicitly to what team members should do and what is expected of them. On the other hand, when using a laissez-faire style, leaders provide freedoms for the team that fosters professional growth, while letting the team deal with obstacles and challenges among themselves.

They act as advisors or observers who step into a given situation only when team members fall short. Given that nurses use different leadership styles depending on the context in which they find themselves, their leadership profile is not static. In addition to the leadership styles discussed above, other styles are also described in the literature. Quantitative measurement instruments can be used to ascertain their leadership profile, and subsequently individual tutoring and education can be developed.

7. Interdisciplinary Collaboration

As patients navigate between providers and across service boundaries, successful experiences of care will depend in part on how well those providers work together. Collaboration has long been identified as a problem, with systematic failures in handovers and transitions commonplace. The collaborative nature of care, especially in public health services, is receiving increased attention, as illustrated by a growing number of studies in this area and corresponding policymakers' commitments (King et al., 2017). In addition, there is a growing body of systematic evidence on how poor collaborative working leads to failures of care.

Considerable resources have been devoted to initiatives aimed at enhancing collaborative working. The Review of Health and Social Care in England drew attention to the necessity of collaborative working, vividly illustrating how it could go wrong. New systems and structures are regularly implemented to facilitate collaborative working, albeit with uneven levels of success. There is good reason to believe how well professionals collaborate can have a significant impact on the quality of care beyond specific care failures, ranging from the low-level stresses of poor working arrangements to the moral distress of seemingly unsolvable systemic failures.

How medical practitioners go about their everyday work is little known by comparison. For this reason, their perspectives on collaborative working are especially illuminating. Documentation of medical practice or "work" in general is sparse, lacking in-depth ethnographic studies, and generally restricted to anomalies, accidents or new systems. In

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

the absence of first-hand knowledge, sight does not bring understanding. There is a prominent literature on cognitive pathways for clinical decision-making that raises questions about the comprehensibility, visibility, sustainability and audibility of collaborative working. Building on initial interpretations of the aforementioned factors, this article explores how and why the work of GPs and ward-based doctors may diverge, with the possibility of practical implications for policy and practice.

7.1. Working with Other Healthcare Professionals

Introduction Collaborative working between professionals is a key component of integrated care. It is widely recognized that through learning about and from one another in various situations, professionals can share common goals and negotiate shared meanings. These processes then contribute toward interprofessional collaboration in the long term. However, there is a lack of research on how collaborative working among different types of nurses. The aim of this study was to investigate ethically important situations calling for collaborative working among nurses, explicate the nuances of this collaborative working, and discuss the implications for nurse education and practice. Four categories of ethically important situations calling for collaborative working among nurses were identified. The categories pointed to situations in which collaborating nurses had to navigate overt and covert issues around accountability and trust. Nurses' personal relationships influenced not only how they collaborated but also what collaboration actually turned out to mean in practice. The findings fell within three themes. While collegial relationships generally appeared effective for collaboration, collaborative working among nurses across workplace boundaries generally proved more difficult. Aim To investigate ethically important situations calling for collaborative working among nurses, explicate the nuances of this collaborative working, and discuss implications for nurse education and practice. Method Data were collected through semi-structured interviews with nurses working in Finland and Sweden, and thematic analysis was employed. Findings Four categories of ethically important situations calling for collaborative working were identified further. The first category was "Missing knowledge about the patient." The second category was "Lack of resources for work." The third category was "Need for support in coping with difficult experiences." The fourth category was "Challenging relations with physicians." Respondents also sought collaboration among clinical nurses working on different units and wards, which represented inter-organization collaboration. The three latter situations can be understood as types of clinical collaboration when nurses share responsibility and accountability for specific patients. This type of working entails giving and sharing, rather than asking for

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

or demanding help. In addition to having an immediate ethical component, these situations suggested that there are nuances in the sense of collaboration, thus giving rise to specific sub-themes of this main theme.

7.2. Benefits of Collaborative Care Models

Collaborative care models are increasingly being recognized as critical component necessary to enable effective nursing care delivery models to be developed and adopted. The findings of the research suggest collaborative care models offer overall structural support to enable authentic collaborative practice to occur. The equity representation of each designation of nurse was a core element present in collaborative care models described by participants that helped foster a sense of belonging and team identity. The consistency of the collaborative care models was viewed as important to promote team cohesiveness. Overall, nurse leaders believed collaborative care models offer necessary structural supports and ground-level care delivery model conditions to promote structured participation, authentic engagement and intraprofessional collaborative care in acute care nursing.

Understanding the different types of care models being utilized provides additional context on the variability of structures in which collaborative care models can be implemented. Two of the most frequent types of care delivery models discussed by participants were the Primary Nursing Model and Team Nursing Model. The Primary Nursing Model was described as an approach where every patient is assigned a primary nurse who is responsible for their care all day, every day. In this model, care assignments were rotated so that every nurse on the unit had primary patient allocation. A variation of the Primary Nursing Model was also discussed however, where one nurse had primary responsibility for a group of patients while the rest of the team collaborated with her but had been granted the freedom to make their own clinical decisions regarding their assigned patients without consulting others. This model ensured everyone had a patient assignment, offered flexibility to respond to patient needs, and provided opportunities to develop professional skills and knowledge. Overall, the Primary Nursing Model was recognized as fostering a greater ownership of care, with higher levels of nurse participation in shared governance allowing for clinician-led continuous improvement efforts.

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

8. Policy and Advocacy

Policy and advocacy are critical roles of nurses in health systems. Historically, nurses have been effective in influencing health policy at various levels. Now more than ever, it is important for the nursing profession to engage effectively in the policy arena. There are challenges along the way, chief of which is lack of understanding of the process in engaging in policy advocacy. This concept discusses what policy and advocacy are, setting the scene in exploring policy and advocacy for nurses, and equipping nurses with tools to engage in the policy arena.

An interconnected process that is fluid, continual, and cyclic is how policy is defined. It is a vector through which salient issues are channeled to different forums for urgent response. Policy issues arise from within the health systems, actors in the systems, and external threats; they spawn agenda-setting. On the agenda, identified issues that receive attention are vetted; actions are proposed. These activities culminate into proposals for the decision-makers at the adoption stage, which are enacted or not. Proposals take another voyage during the implementation stage whereby they are operationalized; feedback is sent to the decision-makers. Thereafter, some policies may be subjected to specific tests for their reliability, appropriateness, or effectiveness, especially when a rebellion against them arises. In these three processes, there are continual interactions between actors, forums, relationships, events, and actions. Thereafter comes the notion of advocacy. It is characterized by a cry that represents concerns regarding policy issues arising from the environment, actors in the situation, and actions—therefore depicting the assumptions of policy.

8.1. Nurses as Advocates for Patients

As front-line healthcare providers, nurses are tasked with recognizing and navigating barriers to ensure patients' and families' rights to receive health care during vulnerable times. While these moments of vulnerability come in many forms, all patients have the right to receive compassionate, ethical, and high-quality care. Beyond caring for patients medically, nurses have a vital role in protecting patient rights and advocating for ethical, moral, and evidence-based care practices (M. Ibrahim & M. Aly, 2014). Evolving from a role of pleading for patient protection to an indispensable and proactive position of actively defending patients daily has created a new reality for nurses; engaging in this change is essential for the integrity of patient care. Though mostly associated with advanced training and positions, patient advocacy is a necessary and essential aspect of nursing that informs every patient interaction. In the clinical setting, nurses often describe

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

patient advocacy as comprising individual and systemic advocacy. These levels of advocacy are not mutually exclusive; advocacy in one sphere often unnecessarily spills over into the other.

The advocacy role of nurses in the clinical setting, while a requisite in the service of patient-centered care, offers its own risks and frustrations (Nsiah et al., 2019). Nurses describe a landscape of discomfort with frustration and feelings of anger. These feelings arise from either external barriers, such as institutional culture, that stifle advocacy efforts or situations where expertise or knowledge is insufficient to advocate effectively for patients. The nurse–patient relationship is identified as the key to successful advocacy efforts, despite unique barriers that challenge this relationship. Exploring nurses' descriptions of their advocacy in these situations will shed light on both successful and unsuccessful efforts to advocate for their patients while illuminating perceptions regarding the contemporary nursing practice environment.

8.2. Influencing Healthcare Policy

Global health policies aim to shape better health for all populations and therefore actively intervene on social determinants of health to improve equity. The connection between poor mental health and the wider social determinants of health has gained increasing public interest over the last few decades. However, the extent to which this logic has been transferred into public policy with consequent action at wider societal levels remains less explored. This systematic review is designed to illuminate the current state of knowledge on how far, and in what ways, the socio-economic determinants of mental health have been translated into public policy worldwide and over time.

Mental health is increasingly recognized as an important issue for global health, reflected in its entry into the global health agenda since the mid-2000s and the globalization of mental health. However, while health inequality was previously at the center of international debates and academic research, the impact of health policies on social determinants of health is less explored and understood, especially in an international context. Health inequities remain large and persistent across large segments of the population, and these inconsistencies have drawn attention and calls in academic circles (Atieno Juma et al., 2014).

The materialization of global health policy ideas at national levels depends on the unbundling of their conceptual ideas during national translation. Normatively, it is equally important to conduct research on country-level political processes and

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

movements of health policies within individual health systems. This transition has not been given due attention in the literature on health policy transfer and policy mobilities. This systematic review can be useful for health policymakers and advocates, enabling them to better recognize and defend against threats while capitalizing on opportunities coming from the global arena. It is anticipated that this review will provide some empirical insights into framing effective health policies in developing and low-income countries and regions (Annesley, 2019).

9. Challenges Facing Modern Nursing

As nursing is a challenging profession, the lack of sufficient resources, facilities, conditions, education, training, and behaviors has negatively affected the presence of nurses at the patient's bedside (Fallahnezhad et al., 2023). Nursing and medical shortage, employee turnover and wage neglect by nursing managers, understaffing, work overload and congestion of students for care, trouble with medical and physical health equipment and environmental conditions such as noise pollution, lack of rest and mini-breaks, and unsuitable conditions in wards and hospital rooms are some of the environmental challenges associated with the absence of nurses from the bedside (M. Rodriguez, 2013). Studies indicate that a hostile environment, inadequate supervision, and constraints in administrative and supporting functions are among the factors related to environmental challenges. Furthermore, the defects in policies and laws on the profession of nurses and non-functioning regulations of the nursing organization are relevant policy challenges.

As a new discipline, the presence of nurses in the societal care system is associated with a lack of sufficient legislative ideas, authorities, and a sufficient understanding of the role of nurses in the society of decision-makers and executives. As many nurses provide care for patients in the world, knowing their challenges provides grounds for strengthening and improving nursing presence in them and can ensure the safety and quality of patient care in the first healthcare unit.

Nursing presence at the patient's bedside is inherent to patient care. Though some patients proactively contact doctors to manage their care, most do not, as nurses provide the majority of direct patient care such as monitoring patient behavior, assessing vital signs and changes, feeding, showering, movement, wound dressing, and sometimes discussing a patient's thoughts, feelings, and treatment. The value of nursing presence at the bedside is built on patient-nurse interaction.

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

9.1. Burnout and Mental Health

Mental health has been an issue for many healthcare professions. One particular field of interest is the nursing profession. Nurses are more likely than other professionals to experience excess psychological stress. Identifiable issues occur throughout the life cycle of a nurse that may manifest into undue stress or, at the extreme, burnout. These issues, along with the resulting disorder, are the focus of this literature review. The three categories explored in this study include: (1) issues leading to burnout in the nursing profession, (2) risk factors leading to burnout in the nursing profession, and (3) the current state of nursing literature on burnout (Holdren et al., 2015).

Burnout, a term coined to describe the stress on a person in a performing profession, results in emotional exhaustion, depersonalization, and personal accomplishments, which leads to reduced effectiveness. To adequately study this syndrome and its ramifications, it is first imperative to understand how the syndrome is defined and the ways in which it manifests. The Maslach Burnout Inventory (MBI) is currently the most widely used tool for measuring burnout. Using MBI, over 120 articles (both qualitative and quantitative) were found at least partially addressing burnout in nurses. Of this literature review, no articles existed that had examined the current state of nursing literature or systematically collected this literature (Bonetti et al., 2019). Through careful categorization, a comprehensive list of 81 articles was produced. It is hoped that by identifying the gaps in literature on this profession-wide issue, a starting point for future researchers will be provided.

9.2. Workforce Shortages and Retention

The nursing workforce continues to experience profound levels of staffing shortages. Nurse staffing shortages should be a concern of every health system, not just nurse leaders and nursing services. It is critical to acknowledge the growing workforce shortages anticipated in nursing and how these shortages will impact care delivery and patient care in all settings. The ripple effects of workforce shortages in nursing will not be isolated to nursing or hospitals; it will affect and impact all administrative sectors and services in healthcare. A board of directors and its leadership teams that are not engaged in the discussion and remediation of staffing shortages will not only be facilitating historical harm in healthcare but may one day lack the critical personnel outside of nursing to manage the operational needs of the health system due to nursing shortages ongoing for over a decade (C. Wright, 2019). Strategic succession planning in nursing can address the nursing workforce shortage. This is a growing concern as an increasing

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

population of nurses nears retirement age with a declining pool of new entrants to replace retiring nurses. With impending retirements and the increasing complexity of patient care needs, monitoring future nursing workforce trends is critically important. Equally as important, yet currently less explored, is anticipated retirements in nurse leaders at the executive and CNO level and understanding if appropriate succession plans exist (Hughes Warden, 2019). Successful succession planning at all levels of nursing is a process that requires understanding future nursing workforce needs to enhance recruitment, workforce diversity, and retention of nurses for managing and delivering care. Research examining executive-level succession planning processes, practices, and barriers is lacking. As such, emerging knowledge is expected to guide future research in this area.

10. Cultural Competence in Nursing

Cultural competence is the awareness and ability of healthcare providers to achieve good health and well-being among people from diverse backgrounds. This report indicated that conventional care does not help these diverse patients (Iheduru-Anderson et al., 2023). By applying theories, research, and methods from the fields of sociology, anthropology, and linguistics, nursing care could be very effective in communicating with culturally diverse patients and providing culturally competent care to them (Reed, 2010). A culturally competent organization, characterized by a culturally diverse staff and inclusive policies and practices at every workplace level, is most likely to employ culturally competent providers.

The healthcare environment is becoming increasingly diverse in the United States due to the aging population's growth and the inflow of diverse patients. Consequently, a culturally competent workforce is crucial for closing the healthcare gap. However, because cultural diversity is accompanied by contention, some professional staff are reluctant to hire and work with someone culturally different. Therefore, to lessen cultural differences, they may refuse to hire culturally diverse applicants or mistreat them by applying discriminatory practices. Cultural care diversity and cultural care competence, which take into account the cultural diversities of health and nursing care for individuals, families, groups, communities, and societies globally, are proposed here as unique nursing inventions by transcultural nursing theorists. Cultural care competemility, which is actively informed and dynamic competence, is proposed as the transcultural nursing process that aims for the fit and cultural congruence of cultural care meanings, expressions, and actions. Transcultural communication, which refers to cultural

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

communication across cultures, emphasizes effective nurse-patient communication between healthcare providers and consumers of culturally different groups. Transcultural communication for culturally competent care is structured into 10 elements that reflect transcultural differences among groups.

Healthcare systems intending to implement culturally competent care would find this model, its components, and its elements informative in achieving their goal. As the patient population in the United States becomes increasingly diverse, healthcare systems, especially hospitals, need to implement practices that are culturally competent. Cultural competence is the awareness and ability of healthcare providers, especially nurses, to achieve good health and well-being among people from diverse backgrounds, including various geographic locations, ethnicities, races, languages, religions, spiritual beliefs, lifestyles, educations, and experiences. This organizational-level cultural competence ensures the provision of culturally competent care to culturally diverse patients with cultural care competence by culturally competent healthcare providers.

10.1. Understanding Diverse Patient Populations

The rationale for this standard includes knowledge and the understanding of the needs of patients of all ages, genders, literacy levels or languages, cultures, belief systems and values. Patient characteristics and context are components of the patient's culture. This complex skill requires an understanding of what is included in the patient's cultural identity and requires the nurse to have developed awareness of and sensitivity towards the emotions and beliefs affected by culture (Kyarsgaard, 2012). Nursing education bears responsibility for developing student outcomes that demonstrate growth in both knowledge and interpersonal behaviors, often referred to as "cultural competence." Principles of social justice speak to sharing resources among all populations, identifying the source of disparities, and working to change systems that create barriers to access.

All nurses must be prepared to meet the needs of each of their patients: across the lifespan, from all backgrounds, all lifestyles, religions, and ethnicities. Of concern to nursing are the health outcomes for minority populations in the United States that are falling behind the outcomes for Caucasian populations in all age groups and across a wide variety of acute and chronic health problems. Management of chronic health problems for minority patients was considered optimal only 75% of the time.

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

10.2. Strategies for Providing Culturally Competent Care

Nurses can provide culturally competent care by implementing specific strategies that respect and understand patients' beliefs, values, and cultural backgrounds. Culturally competent care signifies the skills, knowledge, attitude, and consciousness needed for nurses to provide satisfactory care to patients of varying cultures (Rita Wright, 2010). Nurses must be aware of their own cultures and those that differ from their own. They must be familiar with their patients' cultural preferences regarding diet, treatment modalities, family involvement, and receipt of information. First, nurses are tasked with being cognizant of their own culture and how it has portrayed ideas with regard to care. They must examine the historical context from which their notions of health, health practices, and ideas of caring sprung. By doing so, they may become conscious of inherent and sometimes pervasive biases and prejudices regarding what is considered "normal" medical practice, healthy behaviors, and family involvement.

Additionally, as patients from diverse cultures arrive, they need to learn about the culture of those who are not Anglophone, and in the case of newcomers, the subculture of refugees or immigrants. They will want to know how to access their records, referring physicians, appointments, transport, medical jargon, and community support agencies and programs. It would be advantageous to facilitate educational tapes, literature resources, advice, information sessions about community support services, peer mentors, and pamphlets on health service systems like nurse practitioner clinics, mental health services, and the role of the CCAC in recuperating at home. Another strategy nurses can employ is empathy and the ability to put oneself in the shoes of differently cultured patients and families. Understanding a patient's culture, the context of caring, and how caring has been expressed can assist the nurse in developing a more effective relationship with the patient and family.

11. Future Trends in Nursing

Nursing's Future Role as a Leader in Patient Safety and Health Care Redesign

The nursing profession could be considered to be at a "tipping point" related to leadership and patient safety. Representing the largest healthcare workforce, nurses must begin to utilize the potential power they possess. In this era of technological and scientific advancement, the aging population, and the shift in focus from illness and treatment to wellness and prevention, the profession of nursing continues to be confronted with calls for all nurses to lead (Williams, 2017). The Future of Nursing report examined how the

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

nursing profession could be transformed to meet the health care demands of the rapidly changing, heterogeneous, and complex world of the twenty-first century healthcare environment. It is imperative for the profession of nursing to embrace the identity of nurse leader and prepare all nurses to be empowered leaders in every health care environment and on behalf of every patient.

Two of the eight recommendations are specifically focused on nurse leadership: expand opportunities for nurses to lead and prepare and enable nurses to lead change to advance health. To address the nursing workforce's increased diversity and complexity, as well as to prepare nurses to lead automated technology applications, expanded and improved nursing education will be essential. The Future of Nursing report emphasized the need for strong nursing leadership to improve patient safety outcomes and that it is time for the nursing profession to enhance its leadership role in health care redesign. To advance the profession of nursing as a leader in patient safety, the new, expanded focus on nurse safety is essential. Taking measures to advance the report's recommendations to expand and enable nurses' leadership role in health care redesign requires measures to address barriers to all nurses' ability to lead effectively.

11.1. The Rise of Nurse Entrepreneurs

Nursing entrepreneurship initiatives are among the most urgent healthcare needs of the 21st century. It is crucial to address priority areas such as insurmountable bureaucracy, insufficient funding mechanisms, lack of governance structure, scopes of practice, contradictory legislation, transgressors of the law, and insufficient technology, as well as to eliminate or diminish these challenges (Jahani et al., 2016). In this context, nurses can be seen as entrepreneurial innovators who start new businesses in line with their education and skills. In nurse-led social enterprises, nurses can proactively find health needs, design nursing services, and provide together with business management assessments that could efficiently fulfill health needs such as noncommunicable chronic diseases. This can reduce the burden of disease in communities.

The entrepreneurial potential of nurses must be recognized and promoted in education, practice, and decision making by different stakeholders. Employers and managers should pay attention to the innovative potential of nurses in the provision of nursing services. Educators should improve entrepreneurship courses by including design thinking and involving industry experts in providing training. Moreover, the INE is suggested to act as

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

a policy advocate in forming legislation that creates organizational conditions for entrepreneurs.

Although the selected nurse entrepreneurs in this study differed in several professional and personal characteristics and backgrounds, there were only limited differences regarding the entrepreneur domains. All social and commercial nurse entrepreneurs chose business-oriented health services. The identification of business models that meet the needs of citizens and healthcare services is deemed extremely important in promoting entrepreneurship. At the micro level, nursing entrepreneurship and intrapreneurship are aimed at the development of new nursing models that provide care and nursing solutions to citizens in the 21st century. This includes social enterprises in municipalities and cities as well as city models that are suitable for the purpose of collaboration with health care experts and businesses.

11.2. Innovations in Nursing Practice

Innovation is defined as a process by which a new idea (point of view, practice, or object) is introduced into an existing system in a way that transforms the system. Nurses in all roles across the health care system, both institutional and community based, need to be ready to innovate in order to find ways to deliver safe, effective, and high quality care to an increasingly diverse population. Changes in education, local, state, and national policies, other providers' roles, and patient demands have, and will continue to, alter how nurses' will practice entering the 21st century. The broader cultural context in which nurses forge their roles is characterized by rapid change, extreme uncertainty, and ambiguity about the future (J Mette, 2015). Compounding these challenges, the United States is reaching an inflection point in health care, and the combination of economic factors and new policies will led to significant changes in the health care system in the near term.

Simulations, a unique and powerful technology for promoting experiential learning, are facilitating this transformation in practice from the role of caregiver (bedside nurse) to the role of leader and innovator in health care. Simulation is increasingly recognized as a leading edge technology for advancing health professions education and training. Simulation-based education immerses students and professionals in an experiential environment in which they can practice clinical, technical, and communication skills without risk to patients, consumers, or providers. This session will demonstrate

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

simulation scenarios designed to develop nursing leadership skills within the framework of transformational leadership theory.

Spanning the micro (individual), meso (team), and macro (system) levels of analysis, transformational leadership has been shown to improve clinical and personnel outcomes as well as patient safety, satisfaction, and costs. Managerial approaches that focus on oversight, oversight, and fire-fighting (the "heroic leader") have well documented limitations. At the other extreme are more futuristic approaches that focus on flexibility and innovation. Transformational leadership is theoretically and empirically situated between these two extremes. There are six "be" dimensions: (1) be credible – modeling professional behavior; (2) be clear – articulating visional values; (3) be inclusive – welcoming and valuing input; (4) be empowering – enabling ownership of and accountability for outcomes; (5) be supportive – demonstrating commitment to team member well-being; and (6) be a change agent – challenging the status quo. Each "be" reinforces a cognitive and affective basis across the six "do" dimensions.

12. The Global Perspective on Nursing

In global health discussions, nurses have yet to play their appropriate role as health policy advocates and the promotion of standards and expectations more in keeping with the contributions they are capable of. The scarcity of nurses and attendant frustrations in professional practice linked to top-heavy administrative structures and poorly defined goals might be cognizant, but certainly the overseas participation of nurses in development has shaped the outline of the policies governing how other nurse leaders frame their advocacy and professional response to licensure and mutual recognition of qualifications. Traditionally centre-left social model advocacy for the needs of others has gained considerable traction among the governing class and its "think tanks" and an establishment seeking new public management. Nevertheless, the persistence of a mainstream medical model thus far in favour of younger generations of nurses in the West may be a reason for hope, however, when applied to recent concerns regarding overseas migration or licensing and practice compatibility. (Curtis, 2018) The responsibility of nurses for their own professional practice is reflected in resource- and labour-intensive development projects leaving the brunt of delivery to this prepared path, despite professional turmoil in espadrilles in Mexico beach vacations or escape crying before the media to embarrass the authorities into action. However, how can an under-valued workforce, with the full consultation of those on the receiving end of roles, influence policy and practice? Concerns with international labour mobility to new sites of

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

development if unmet or post development face post-colonial neglect issues typically affect nurse leaders born to this species of work dehumanising economic imbalances. How might professional responsibility and action to escape this fate combine to better extant labour markets? Most likely nurses from both sending and receiving nations would need to band together to collaborate on professionally appropriate policies and responses to the needs of all concerned.

12.1. Nursing Practices Around the World

Nurse education in modern society consists of the following problems: nursing practice is heavily influenced by politics, economics, and culture, the nursing role is often misunderstood, the nursing process is not well applied, and nursing shortage also prevails. Thus, facing the changes, challenges, and inconsistencies in nursing practice of different countries through Taiwan's experiences in nursing education and practice, researchers presented and analyzed these issues, in order to develop the nursing practice worldwide. Nursing and non-nursing professional practice and education need to integrate, so that nursing will have the appropriate development. It is not over-individual, but a social practice, that is, it needs social legitimizations and expectations. The social roles determine social organizations and appropriate procedures of promoting such roles. A profession means some workers in a society funded and mandated a profession and an education that can fulfill the social expectation. This means that nursing profession is not absolutely for health care; it is more in deep-seated problems such as political, economical, religious, scientific, and educational paradigms. Professional education needs to include within itself the settings of developing the knowledge, skills, and attitudes used for explaining, understanding, and controlling its concerned objects. Thus, it is a tertiary education to nurse, teach, and be the expert of nursing practice, research, and education. Practice and practice-based education are detached with profession but need a compliment of each other. Around the 1950s, nurses in Taiwan were mainly trained in hospitals, and thus what they learned was the skills and managements of hospitals and medications. During the nursing shortage in 1960s, governmental funding and national policy promoted the establishment of nursing departments, and since then the philosophical foundations, and educational ideas and systems had been re-evaluated and re-arranged according to the context of modern society. Hence, two educational systems were set: Bachelor of Science in Nursing and Associate Degree in Nursing.

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

12.2. International Nursing Organizations

Nursing is an integral part of global healthcare. The perspective on nursing varies from country to country and healthcare organization to organization. Different views bring up different roles of nurses in the healthcare system. The definition of a nurse and the realm of nursing are changing. From a nurse's point of view, nursing has a multidimensional view of health. It should be the responsibility of the nurse to protect and promote the health of an individual, family, and community and they need to catch march with the digital era with assessment, education and teaching with adequate technology accordingly (Bagga et al., 2015). The role of a nurse is now believed to go beyond bedside care. Nurses should act as facilitators of health education with teachers to pass down education in the community. They should be the advocates of health status and health needs, as should be a partner with the healthcare team and a leader in health decision-making process. The present and future role of nursing and nurses is that nurses are expected to play a lead role in the entire nursing team. Some organizations are trying to engage nurses in a decision-making process as their role demands it (C. Wright, 2019). Restructuring of the nursing body is needed at state, national and international levels with appropriate leadership roles for organization betterment.

International Nursing Organization challenges the nursingforces, expands the horizon of nursing and throws extensive opportunities of individual growth, professional development and organization advancement. Professional organizations can only try to strengthen the nursing role. Nurses should be there to snatch roles and to empower the organization, stung by its own powers. They should try to nurse assumptions about nurses that will shape the future of nursing. Being part of the global movement is worth and being a member of an international organization is one of the best investment for the future with one membership policy all over the world and professional memory bank for nurses.

13. Conclusion

The healthcare profession of nurses has undergone exponential growth in the last decades. The consequences of this growth include the exponential expansion of registered nurse (RN) scope of practice beyond the bedside and the need for a greater number of nurses to fill advanced practice nurse (APN) roles if the full intent of these positions and degree programs is to be met. The emphasis on nurses to fill leadership roles, especially as the profession expands, must now be more than an emphasis; it must be viewed as a necessity for nurse retention and the future of the profession.

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

The demand for RNs in leadership positions, including nursing educators and nursing executives or directors, has never been greater. Yet, while PhD nursing programs have grown in number and enrolled students, those prepared to enter nursing education or nurse executive roles have not kept pace with the demand. Given the overwhelming evidence that RNs are leaving the profession, assuring job satisfaction for RNs must be a priority. The pathways to a PhD in nursing or transitions from the bedside to nurse executive roles are often not transparent to RNs. Consequently, the growing inequity between opportunity and access to pathways to PhD programs in nursing education and nursing administration must be addressed to preempt added nurse shortages, which could be further exacerbated by workforce mobility during the COVID-19 pandemic.

Despite the overwhelming evidence against widespread nurse turnover and vacancy, the attrition of nurses is nonetheless occurring, and the loss rates of nurses far outpace the accession of new RNs (Athlin et al., 2014). Reasons for low career satisfaction justifying exit from the profession include burnout, compassion fatigue, feeling undervalued, and lack of support or resources. Interestingly, post-graduation nurses can be fairly satisfied with the job the first year; however, dissatisfaction often develops thereafter due to lack of support or resources for job responsibilities. While many of these undesirable justifications for leaving the profession stem from factors that are not necessarily inherent to nursing, improvements must be made to the profession to enhance retention nonetheless.

References:

1. Athlin, E., Hov, R., Petzäll, K., & Hedelin, B. (2014). Being a nurse leader in bedside nursing in hospital and community care contexts in Norway and Sweden. [PDF]
2. Williams, M. (2017). Defining Nurse Leadership: Nurses' Perceptions of Nurse Leadership and the Conditions that Influence its Development. [PDF]
3. P. C. Chau, J., H. S. Lo, S., K. Y. Lam, S., Saran, R., & R. Thompson, D. (2022). Critical elements in nursing graduates' transition to advanced practice roles and their perceived impact on patient care: an exploratory, descriptive study of graduates' and their managers' perceptions. ncbi.nlm.nih.gov
4. Jennifer Ricks, E. (1970). An (auto)-biographical account of nursing transformation: 1970-2018. [PDF]

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

5. Palmer, J. (2016). Homecare Nursesu27 Experiences with Home Telemonitoring Systems. [PDF]
6. M. Rutledge, C., Haney, T., Bordelon, M., Renaud, M., & Fowler, C. (2014). Telehealth: Preparing Advanced Practice Nurses to Address Healthcare Needs in Rural and Underserved Populations. [PDF]
7. Janssen, A., Kay, J., Talic, S., Pusic, M., J. Birnbaum, R., Cavalcanti, R., Gasevic, D., & Shaw, T. (2023). Electronic Health Records That Support Health Professional Reflective Practice: a Missed Opportunity in Digital Health. ncbi.nlm.nih.gov
8. C. Wright, J. (2019). Leadership Development in Nursing: Planning from the Bedside to the Executive Suite. [PDF]
9. J Rothausen, T. & M. DNP MPH RN Bazarko, D. (2014). Business Education for Nurse Leaders: A Case Study of Leadership Development in a Vital, Highly Gendered Industry. [PDF]
10. Kurtović, B., Gulić, P., Čukljek, S., Sedić, B., Smrekar, M., & Ledinski Fičko, S. (2024). The Commitment to Excellence: Understanding Nurses' Perspectives on Continuous Professional Development. ncbi.nlm.nih.gov
11. King, N., Bravington, A., Brooks, J., Melvin, J., & Wilde, D. (2017). "Go Make Your Face Known": Collaborative Working through the Lens of Personal Relationships. ncbi.nlm.nih.gov
12. M. Ibrahim, M. & M. Aly, S. (2014). Nursing Students' Perception regarding Patients' Rights and Patients' Advocacy. [PDF]
13. Nsiah, C., Siakwa, M., & P. K. Ninnoni, J. (2019). Registered Nurses' description of patient advocacy in the clinical setting. ncbi.nlm.nih.gov
14. Atieno Juma, P., Edwards, N., & Spitzer, D. (2014). Kenyan Nurses Involvement in National Policy Development Processes. ncbi.nlm.nih.gov
15. Annesley, S. (2019). The implications of health policy for nursing: at a glance. [PDF]
16. Fallahnezhad, T., Aghaie, B., Norouzadeh, R., Ebadi, A., & Abbasinia, M. (2023). The Challenges of Nursing Presence at the Patient's Bedside from the Perspective of Nurses: A Qualitative Study. ncbi.nlm.nih.gov
17. M. Rodriguez, S. (2013). The Impact of Limited Clinical Sites on Prelicensure Nursing Education Programs: Current Issues and Recommendations for the Future. [PDF]

Power System Technology
ISSN:1000-3673
Received: 16-06-2024 Revised: 05-07-2024 Accepted: 02-08-2024

18. Holdren, P., P. III Paul, D., & Coustasse, A. (2015). Burnout syndrome in hospital nurses. [PDF]
19. Bonetti, L., Tolotti, A., Valcarenghi, D., Pedrazzani, C., (ORCID:0000-0002-8514-2563) Barello, S., Ghizzardi, G., (ORCID:0000-0003-4378-7467) Graffigna, G., Sari, D., & Bianchi, M. (2019). Burnout precursors in oncology nurses: A preliminary cross-sectional study with a systemic organizational analysis. [PDF]
20. Hughes Warden, D. (2019). Exploring Turnover Among Nurse Managers, Directors, and Executives in Acute Care Hospitals. [PDF]
21. Iheduru-Anderson, K., Valderama-Wallace, C., E. Bigger, S., & Narruhn, R. (2023). A Critical Discourse Analysis of AACN's Tool Kit of Resources for Cultural Competent Education for Baccalaureate Nurses. ncbi.nlm.nih.gov
22. Reed, P. (2010). A Matter of Trust: The Impact of Transcultural Communication Between Culturally Diverse Nursing Staff. [PDF]
23. Kyarsgaard, V. (2012). Accessing the Development of Undergraduate Nursing Students on Their Cultural Awareness Journey. [PDF]
24. Rita Wright, P. (2010). Care, Culture, and Education Nursing Studentsu27 Perceptions of Care and Culture: Implications for Practice. [PDF]
25. Jahani, S., Abedi, H., Elahi, N., & Fallahi-Khoshknab, M. (2016). Iranian entrepreneur nurses' perceived barriers to entrepreneurship: A qualitative study. ncbi.nlm.nih.gov
26. J Mette, M. (2015). Impetus to Transform: Essential Nursing Leadership Development through Simulation. [PDF]
27. Curtis, J. (2018). An Examination of Nursing's Contribution to Global Health. [PDF]
28. Bagga, R., Jaiswal, V., & Tiwari, R. (2015). Role of Directorates in Promoting Nursing and Midwifery Across the Various States of India: Call for Leadership for Reforms. ncbi.nlm.nih.gov