

# INTRODUCTION TO NURSING AND TRENDS

## Abstract

In this section, the basics of community nursing, the basic roles and responsibilities of nurses in the clinic, the problems face by nurses in the clinical setting, and various moral and ethical problems faced by nurses in the clinical setting are discussed.

**Keywords:** community nursing, moral and ethical problems

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## **I. BEGINNING OF NURSING IN INDIA**

The need to improve nursing began in ancient India with the establishment of hospitals by doctors and nurses to provide the best care. Even Sushruta, known as the father of medicine, also described nurses and the unique and powerful qualities that nurses should possess.

Nursing in India developed into an advanced, professional profession after the British intervention and was considered good and profitable. The first medical school in India was opened in Madras in 1854. Also, St. Mary's Medical Institution in Tantalum, Punjab also started a one year medical course. In ancient times, the nursing job was seen as the job of Hindu widows, leaving women for economic reasons as a self help who had to take care of the sick in the community.

Nursing as a profession does not have the reputation it deserves in some circles and society. Because they think it's too low now, it doesn't fit with culture and dignity. But Now with time people understood the standards associated with Nursing.

Developed with the assistance of the Bhore Committee between 1943-46, Principles inspired the development of nursing in India. After independence, several committees were formed to review the nursing field. In addition to internal rules and regulations, there are many changes that are sometimes introduced in education and services.

**Beginning of Nursing Specialties** The governing body for Nursing is the Nursing Association of India (TNAI), founded in 1908, and Nursing India (INC), which in 1947 raised the bar for those who wanted to go higher education. After the establishment of the Indian Nursing Council (INC), most states in India have also established Nursing Councils (SNCs). SNC is responsible for ensuring standards and equity in nursing education. The main purpose of the SNC is to test and register qualified nurses so that they can practice and teach together in education and work.

The initial nursing course includes 18 months in Nursing Assistant (ANM) and 3 years and 6 months in General Nursing and Midwifery (GNM). Later, Postgraduate Bachelor and Post Graduate Nursing degrees were added, followed by Masters and Doctorate degrees. Organised and structured Curriculum is taught in Nursing across India including Government Schools and Private Schools, Colleges and Universities. Regular updates to these nursing programs and curricula are updated from time to time to improve the educational standards of nurses. Education through Planning is carried out by INC and SNC. Schools and colleges that use nursing programs play an important role in maintaining the best and most modern education for nursing students. TNAI contributes to the development of nurses by providing professional accreditation with various institutions and associations in the field of medicine.

They play an important role in the protection and counselling of the nurse's health. Laws and government regulations regarding nursing services provide a good and productive working environment, allowing nurses to study and work with peace of mind. As a result,

many collaborations from different organizations and regulators have played an important role in building professional reputation and freedom of opinion for patients that did not exist before. Section establishes the rules for citizens and INC under Section nurse/affected person.

During the 1980s&1990s there was a shortage of nursing staff, perhaps because nurses were trained abroad, particularly in the Gulf countries, to earn money and achieve better outcomes. With the establishment of more hospitals within the company, larger methods such as scientific research, home care, nursing can work more efficiently and effectively for senior staff. In addition, the increase in the number of men entering this female profession in recent years clearly shows the need for nurses.

In the coming years, even in national health policy, many reforms in terms of funding, education, expertise must be made to create a permanent staff of nurses and increase income. Nurses are motivated by their interest in empowering women and often want to retain their power for free. It is very important that the management of the Presidential Palace and hospitals in the public sphere follow the leaders of hospitals involved in improving the image and work of health care, including quality patient care in public hospitals. One way to improve public health services is to maintain some degree of INC (1:3) nurse patient ratio, at least in some jobs, for better care. Following public hospitals will help the government to manage the hospital well for the public's self-confidence.

Adherence to and use of NABH accreditation standards truly improves world-class nursing care, making nurses more patient centered, even in public settings and government hospitals. The use of NACC in teaching and learning (including colleges a universities) as well as audience control performance and appropriate and controlled use of recorded information in the development of all models has been good and very good.

It also expanded the concept of “Nursing Practitioner” and nursing research as well as evidence based research and telenursing. All these reforms will undoubtedly lead to the recognition and responsibility of nurses in the society, but they can also lead to the financial stability of nurses, leading to improved conditions of nursing practice.

## II. VITAL DUTIES OF NURSES IN MEDICAL SETTINGS

Nurses responsibilities vary depending on where they work, their licenses and skill levels. The various responsibilities they have to fulfil are as follows.

- 1. Collect and Report Research Data:** An important nurse's role is to report and collect data on the patient's health to ensure they are receiving the right treatment. In addition to asking the patient about signs and symptoms nurses often gather information about past diagnoses and surgeries, current medications, allergies and important family information by asking the patient relevant questions about theme dicine history. The main characters are now acquainted and recorded.

If a new diagnosis, medication or treatment plan is given to the patient during a hospital visit, nurses should update their medical records with information numbered.

Therefore, it is important to maintain specific and accurate medical records to provide patients with the best possible

- 2. Medication and Treatment:** Most nurses give patients medications and treatment prescribed by doctors. They can also help develop a patient's treatment plan. Nurses, including doctors, can prescribe medication without a doctor's approval. Nurses may also assist with certain medical procedures, including cleaning and dressing wounds, changing bandages, and inserting catheters. Nurses also assist doctors with advanced procedures or provide emergency care to patients if needed.
- 3. Join the Nursing Team:** Nurses play an important role in collecting accurate information about patients and sharing it with other healthcare teams because this is an important responsibility for nurses in patient care and must be able to speak effectively, both in writing and orally. Working effectively with doctors and different medical companies. Clear, interactive communication also enables patients and their relatives to be involved in understanding all the information they receive.
- 4. Perform Diagnostic Tests:** The nurse may perform a variety of tests, including collecting tissue, blood, stool, or urine for analysis and checking vital signs. It is important for nurses to ensure that these tests are done well because they need information to evaluate patients and create action plans. Nurses may also be tasked with analyzing results and sharing their findings with others on the medical team.
- 5. Physical Examination:** Nurses usually conduct a physical examination of patients at the beginning of their visit to assess their health. This will include taking the affected person's temperature, recording their weight, monitoring their heart rate and checking their blood pressure.

This test will include testing the affected people's antibodies, examining their lymph nodes, and examining their eyes, ears, nose, and throat. The physical exam provides nurses and the healthcare team an opportunity to update on the patient's health and talk to the patient about their Body and concerns related to that.
- 6. Monitoring the Patient's Health Status:** The nurse should carefully observe and examine the patient, reporting clinical findings or information applicable to the diagnosis or treatment for the treatment plan. This may include reviewing the patient's facts to ensure the appropriate medication and dosage are prescribed, maintaining intravenous (IV) lines to ensure they are regularly updated, and monitoring the severity of the patient's symptoms. Nurses need to pay attention to the nonverbal communication of patients to help them understand the root cause of their health problems.
- 7. Providing Help and Advice to Patients:** It is important to ensure that patients are cared for, heard and understood, especially when nurses want to provide information, research is difficult. Patients often turn to nurses for help and advice to help them make a diagnosis and decide what to do next. Nurses who empathize with patients and their relatives can provide comfort and guidance while these situations continue. They will also provide patients with powerful solutions or provide valuable resources for inpatients and outpatients.

**8. Nursing Practice :** Nurses use a variety of diagnostic tools to monitor patients, including stethoscopes, glucometers, pulse oximeters, thermometers, and blood monitors. Depending on where they work and what license they hold, nurses may use additional specialized equipment, including IV pumps, ventilators, and wound lines. Having social and mathematical skills enables nurses to use clinical tools effectively and analyze results.

**9. Educate Patients on Ways to Control Infection:** Part of the nurse's role is to educate patients in various diagnostic situations and provide clear instructions on managing their character.

This may include explaining what medications the affected person should take, when patients need to set up an appointment and request physical activity or exercise. The nurse may also play a role in further explaining home health care needs to the patient's family or caregivers. This will include weight loss services and advice on vitamins, exercise and physical therapy for patients. Some nurses can actively educate people about diseases by speaking at conferences, sponsoring blood donations, or providing laboratory and Antibiotic services.

**10. Advocating for the Health and Well-Being of Patients:** Nurses can often advocate for the health and wellbeing of patients in order to properly care for and ensure their safety. This may include interpreting facts or estimates presented by physicians to ensure the affected person understands key points, encouraging the patient to ask questions, or linking the patient to a facility at another institution that better meets their needs. Nurses can educate patients by listening to patients' concerns, respecting their needs, and communicating patients' needs with their relatives or other staff.

**11. Provide Simple Bedside Care:** Depending on the work environment, nurses can be responsible for many aspects of bedside care. These responsibilities include helping the patient wash, use the toilet, and perform various hygiene tasks. Bedside nurses also provide emotional support to patients, administer medications, and provide music for their vital signs.

**12. Staff Education and Training:** In addition to the clinical work of patient care, experienced registered nurses can assist in the training and supervision of newcomers to the healthcare team, such as student nurses and nurse assistants. Some practicing nurses may partner to offer nursing students courses from nearby colleges or continuing education packages for aspiring nurses.

**13. Inventory Management:** Nurses Practitioners may also take on a larger role, including inventory management and sequencing. This is often a shared responsibility, but nurses can oversee the entire department. Proper planning, inclusion, and timely replenishment of resources can help ensure that healthcare teams have all the resources they need to care for patients again.

### III. CHALLENGES FACED VIA NURSES AT ADMINISTRATIVE LEVEL

Roles are new, difficult to try and decide first. The harsh environment is an essential part of any business. Additionally, nurses presented various challenges as described below.

- 1. Violence in Administrative Areas:** Violence in administrative areas in hospitals is very serious. The high workload and responsibility of the employees often lead to psychological disorders and thus may lead to inadequate care in the long run. Many roles can affect a patient's health. Intellectual violence in the workplace can also lead to threats, nicknames, violence and harassment, all of which lead to trauma and stress. Sometimes verbal aggression can lead to physical violence.

Potential causes of violence in medical facilities include patients, traffic, protesters and co-workers. In 2023, fifty seven percent of significant violent incidents pronounced in healthcare settings have been as a result of interactions with Patients other incidents had been resulting from site visitors, co-people, or different human beings. For example, the incidence of serious workplace accidents (injured workers who need a day off to recover) in the health sector is four times higher than in non-public jobs..

- 2. Scarce Workforce:** Insufficient staffing makes patients unmanageable and nurses do not interact with patients. It is hoped that the nurse: patient number is properly managed as it will have a significant impact on patient referrals. When nurses are forced to work with greater number of patients a patient's , patients die become infected, injured, or sent home too early without adequate training in preventing infection or injury than before.

Although nurses see fewer patients, they can take better care of patients. When there are enough nurses in the hospital, the nurse has more time to inform the patient, their spouse, and their children about the patient's treatment plan, can ensure that patients get everything they need, and patients are more likely.

- 3. Occupational Hazards:** Nurses are exposed to occupational risks without appropriate protection and nursing care. Nurses are exposed to increasing rates of organic, physical and chemical substances during their work.

The integration, implementation and use of health and safety education and resources available to nurses, and management and leadership based education and resources are essential in preventing serious occupational health and safety hazards that nurses face one-day basis

- 4. Long-Term Studies:** Rapid testing of personnel in medical facilities often affects the long term work and double work of the nurse team. This clearly affects the physical fitness of nurses. It can be very difficult for a nurse to provide quality care when she is physically and mentally exhausted.
- 5. Lack of Synchrony:** Dissonance and lack of coordination are a common risk in therapy. Compliance of healthcare professionals is an important requirement for a healthcare system. Nurses are directly responsible for all dangerous situations that occur in the hospital. If the patient is dissatisfied with the care given by the clinic, all the blame will fall on the nurse, even if it wasn't her fault

Inadequate care can include poor medical care and a lack of doctors, but nurses are responsible for this. Medical facilities do not have equipment that affects the quality of care. Although the responsibility is not necessarily the nurse, the nurse is ultimately responsible for the care of the patient in the ward.

- 6. Non-Nursing Roles:** In almost all healthcare settings, nurses feel that they are not part of their specialty, so they have less time to fulfil their duties and true responsibilities.

They may spend more time on Non Nursing jobs such as billing, data management, inventory, laundry, food, physical therapy etc. reducing time spent on patients. In any case, if something goes wrong, they're in charge, nurses have to bear the burden of it.

#### IV. REDUCING CHALLENGES FOR HEALTH PROFESSIONALS

All identified challenges are interrelated and affect each other in some way. We need to identify these problems, confront them first and find a balanced solution.

- 1. Environmental Quality:** Environmental quality plays an important role in the ability to deliver primary health care. It affects everything from the safety of patients and their caregivers to job satisfaction. In order to have a beautiful environment, care must be taken for the protection and safety of nurses to ensure that nurses work best in the community. Protecting nurses' respect and freedom in the workplace is paramount.

A healthy environment is one that is safe, empowering, and fun. A culture of safety is important and working, working and working well is the responsibility of all managers, leaders, healthcare professionals and supplement workgroups. Everyone should consider the health and safety of all affected people and healthcare personnel, ensuring an understanding of protection, accessibility and empowerment for all in all areas of treatment. The harmony and motivation of family members in the work environment can also support and motivate nurses.

- 2. Materials and Equipment:** Availability and adequacy of material and equipment standard is often the basis of learning. Group employees often say they suffer from lack and inadequacy of quality systems and resources. The problems range from expensive and expensive products like epinephrine, oxygen and autoclaves to very cheap products like bandages and cotton. Hospital management should ensure that adequate resources and equipment are available on a daily basis to keep the clinic clean.
- 3. Great Teamwork:** A team needs education in the importance of teamwork, and a good team can often achieve the goals of good, quality patient care. It also increases focus on the patient's recovery.
- 4. Scope of Recruitment and Retention:** The company must have appropriate staff selection and retention to better support and care for its employees.
- 5. Close Training Program:** All medical facilities should specifically bridge the gap between nurses taught during their training and the almost complete use of knowledge in the hospital. The practical and theoretical content of Nursing Factors should be combined

in one book to bridge the gap between academics and careerists. The School of Nursing strengthens education and supervision each year to expand the staff of nurses who protect the patients in their care. Students want to learn to respect human life because there is danger in every corner of the hospital - in every nursing home, good or bad - and the price of protection is constant vigilance.

- 6. Workload Balancing:** Workloads often cause unnecessary hassle and a lack of peace of mind, ultimately leading to reduced green maintenance. Organizations should try to balance the work by dividing the workload equally among all medical staff to get the best results from the medical team.
- 7. Purely Evidence-Based Practice:** Nurses should transfer some of their knowledge to evidence based practice. There are studies on different practices that can be checked by nurses to see if the practice is effective.

Reading scientific articles and reading many research papers every day can improve nurses knowledge and skills, which will have a great impact on the treatment and treatment of patients.

## V. NURSES AND ETHICAL DILEMMA

Nurses often encounter ethical dilemmas even when caring for patients. These issues can be numerous, including wondering why affected people might choose to refuse treatment because of religious or non public beliefs, or what to do when patients and their families are at odds in making decisions about end- of life care Ethical issues like this often make it difficult for nurses to provide optimal patient care while following professional standards.

Ethics is so important to nursing that the American Nurses Association (ANA) developed a set of ethical standards for nurses in the 1950s, often referred to as "codes" for nurses that set dreams and priorities for the profession as a whole guidelines for nurses' daily practice. Lawis a living document, frequently updated to reflect modern progress and challenging in situations, among others, and offers a solution to the sick and public problems of the people.

Laws, regulations and procedures set the values and commitments that nurses must abide by, recognize the limits of responsibility and fairness, and explain the broader role nurses have beyond patient care.

### Some Common Problems Nurses may Encounter Include:

- 1. Protecting Patients' Rights:** Patient Rights of Affected People The rights and benefits of patients to make decisions about their care based solely on their privacy or culture are the first principles of patient care. This includes the affected person's right to refuse medication, treatment or advice. In some cases, the affected person's independence can be discussed immediately with a nurse or other healthcare provider
  - **Autonomous VS Beneficence:** Autonomy (seeing the needs of those affected) and philanthropy (doing what is needed) are two important sometimes conflicting aspects



of nursing practice. The nurse's role is to ensure safety through both open communication and information sharing and dialogue with the patient. If not treated properly, these situations can raise not only legal but also criminal problems.

The idea of influencing a free person is not just an ideological or moral idea. It is considered a crime in the western world. In many cases, it is important for the patient's freedom before the crime that doctors are influenced by principles that affect the patient's rights, the freedom of those who defend the freedom of integrity.

Often, the easiest way for the patient to make their own decision is when the patient is a child or cannot make a decision. If the patient wishes to contradict the doctor's advice, nurses and other medical professionals should do everything they can to talk to affected people about the impact of their choices, but ultimately respect their needs.

- **Advocacy:** In these cases, nurses must request marriage on behalf of a particular patient. These unprecedented situations can pose a challenge for nurses, who must balance the responsibilities of those concerned with justice to recognize and sell the benefits for the organization or their colleagues. However, according to the Nursing Ethics Principles, the purpose of the nurse is to help patients.
2. **Consent to Treatment:** Another ethical problem in nursing is the concept of consent. Medical approval is the process by which the affected person or their authorized representative authorizes their doctor to administer a medical treatment or procedure after they have been informed about the benefits and risks of their abilities and understand the treatment opportunities. Informed consent is required for many medical procedures, including anaesthesia, blood transfusions, chemotherapy, and most surgical procedures. Consent documents usually need to be written and signed by the affected person.
- **Consent Exceptions:** Consent is not required in active cases or where the affected person is incapacitated or has an emergency and does not have time to obtain consent. Additionally, children are often unable to give informed consent. In this case, the parent or father or mother must give consent for treatment or intervention, which is called "consent".
  - **Accept consequences for stakeholders and move forward:** Evidence continues to show that patients who are educated and feel empowered in healthcare are more likely to follow a treatment plan and achieve better outcomes. Additionally, ensuring that the patient is fully aware of all recommendations will help avoid having to schedule or cancel the surgical procedure that could harm the patient's health and the cost of accuracy to the hospital.

Nurses and other healthcare providers should make every effort to ensure that patients understand the treatment or procedure and all its consequences before giving consent

- 3. About Advanced Care Planning:** Ethical issues in nursing care often arise during advanced care planning, particularly in nursing care situations. Advanced care planning is a way for patients to make decisions about future healthcare in their disability, often in collaboration with professionals. For adults, the process is not easy.

Because there is no medical uncertainty, race of fate, or sudden illness, for example, advanced medical planning can be good for patients every day so that when they get sick they can get the hospital treatment they need. I cannot speak for myself.

- **Refine Directions:** During this process, patients often have to make difficult decisions about life-saving or life-sustaining treatments, including the use of ventilators or synthetic vitamins and fluids (tube feeding, IV fluids). This plan is often shared with family members in the form of the Rehabilitation Plan, which is a criminal record that lists the treatment options available for those affected by a disability. The two main subjects of Preliminary Guideline are Power of Attorney and Power of Attorney, but may also include other documents, such as a non resuscitation order (DNR), which instructs caregivers not to follow precautions such as CPR. Patients may choose different ways to express their needs, including sending a video message to loved ones, but this does not replace further instruction.

As advocates, nurses play an important role in helping patients and their families develop effective care plans. Both the Yankee Nurses Association and the Hospice and Palliative Nurses Association have issued statements about the importance of nurses' involvement in advanced care planning and smoking cessation care, particularly in educating patients and their families. Personal illness of persons affected by section. Nurses should be prepared to explain the consequences of these choices and be aware of the many factors that may influence the welfare choice of those affected, including race or ethnicity, religion or belief.

- **Nursing and Lifestyle Waiver:** Because of medical age, people live longer and often decide to take care of themselves. This fact illustrates the important role of doctors, especially nurses, in helping patients at the end of life. Patients can choose from a variety of lifesaving and lifesustaining treatments, and nurses should be able to guide them through the selection process.
- 4. Selection of Affected People:** Treatment is characterized by a parental attitude in which, regardless of the affected person, doctors follow what they consider to be the patient's greatest desire. This old practice has now been replaced by a more ethical practice. As an extension of patient autonomy, the concept of intervention gives patients the opportunity to work with their healthcare professionals to make important decisions about care. In the joint decision making process, affected individuals and companies jointly choose tests, treatments, procedures and care strategies. In a sense, shared patient selection is a form of consent and vice versa. Under informed consent, nurses and others who share options with patients have the responsibility to inform them about treatment and to discuss the various options with them.
- **Personal Care:** Sharing options go beyond simple information sharing. Healthcare companies must discover patients' values, goals, and desires, and build relationships

based on feelings and interests. They need to understand that the patient's history and factors such as age and race can also influence their choices.

Patients who do not participate in such cooperation with private lawyers refuse to speak and do not cooperate. Conversely, when patients are involved in the process of choosing and maintaining a positive, compassionate relationship with their doctor, they are more satisfied with their care and more likely to follow their treatment plan.

- **Importance of educating patients:** The consensus is that research professionals should take care to ensure that patients understand the information presented to them and the implications of their choices.

There are many strategies for improving patients' skills, including the use of visual aids and feedback, where doctors have patients write their own responses. The ethical problem that may arise if the patient complies with the treatment but completely refuses is the main source of conflict with the treatment team. Here again, nurses, as communication specialists and patient advocates, play an important role in the development of joint decision-making processes.

- **Evolving Care:** Finally, for those affected by collaboration, decision making is an ongoing process that includes both pre selections. There may also be situations where patients are unable or unwilling to follow a care decision because it turns out to be more difficult than expected or not what they want, and it wants to come back and control the problem. The nurse's main role is to help the patient manage patience by providing communication and cooperation.

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