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Primary Healthcare Nurses in Healthcare

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1. Introduction

Primary healthcare nurses have always been aware of the responsibilities that they have and the decision making skills which have important implications for patient outcomes.

Additionally, however, they are being functionally derived for the functionality of the role of decision making configurations as well as policy makers in the health care sectors of several regions. They are also supporting other members of the healthcare system and team as well. In the UK, for instance, the Chief Nursing Officer on a recent event outlined 10 fundamental tasks for nurses as a component of the National Health Service's agenda of modernization and the division of material limitations between nursing and medicine (Barry, Edgman-Levitan, 2012).

On further explanation, primary healthcare nurses are evaluated to carry out the assessment, appraisal and incorporation of research supporting evidence into their professional decision making capacities and clinical analysis of decisions that are being taken. This involvement in an active form is the highlighting aspect of this paper. The concepts will be discussed regarding the development in physical examination and consultation skills which are formulated with the evidence of case studies presented (Barry, Edgman-Levitan, 2012). It will be determined as to what context has been implied for the clinical decision making when evaluating the ways in which primary healthcare nurses are functioning with theoretical and research based knowledge. The range of problem solving skills along with the communication strategies which can be implied during the assessment procedures are to be argued as well. There needs to be a formulation of a better understanding in the therapeutic relationship to undermine the association between the decisions that nurses make and the information that is provided to them for further guidance and projection of thoughts (Belsi, et al., 2011).

In this paper, findings of three case studies conducted in the army camp are evaluated of the possible techniques which are implied for the functionality of primary health care nurse. Different assessment and diagnostic cases have been evaluated to know how problem solving skills can be worked upon as well (Belsi, et al., 2011).

There has also been a major amount of stress on the cultivation of evidence based study involving a combination of knowledge being derived from one's clinical professional understanding, preferences and options of patients and research support in the understanding of resources which are available. This form of decision making in terms of assessments and problem solving skills brings about selecting from an isolated option range, which may include the proper strategy or plan of the overall healthcare planning (Addison, 2012).

All of such options are included with the help of an evaluation of information which is available: the procedure of implying clinical finding. In formulating evidence based decisions, research support should not be provided just for a theoretical value and adhered to for uncritical conditions, but should be provided an equal significance in a decision based on its external and internal validity statement. The overall integration process of research evidence into the decision making tendencies will include formation of a directional clinical question in response to the highlighted information needed, providing a search for the most proper support to meet a particular requirement, appraise in a critical manner the derived substantiation and further integrating that evidence into an action strategy; the process will be affiliated with the evaluation of strategic action form for the influences of any decisions and actions mediated (Addison, 2012).

2. Discussion

2.1. Professional and Legal Issues for Expansion of Healthcare Roles

Primary healthcare nurses have a responsibility to ensure and acknowledge the significance of the codes and values that are provided for the professionalism as well as legal application of multiple rules and regulations. According to the measurements provided by the national legislation, there are direct codes present for the support of promotion of the higher health care standards of clinical professionals. The structure of this code is formulated on the basis of following foundations; respect for the individual dignity, professional accountability and responsibility, confidentiality and trust, practical quality and collaboration with others (Dowding, 2009).

Each of these codes provides an underpinning of the ethical values and relative standards of the conduct as well as practical implications of healthcare facilitation. In a combined fashion, these are the guiding mechanisms to which associations between primary health care nurses, colleagues as well as the patients is developed in a positive manner. The structure of principles, standards and values of the implementation are of equal significance and they should be considered as well as applied in relation with one another (Dowding, 2009).

Respect for the Individual Dignity

The regulation for dignity is derived from the Universal Declaration of Human Rights which states that the basis for justice, peace and freedom is based on the highlighting mechanism of the coherent process of dignity and of the balance and absolute rights of human individuals.

The European Convention on Human Rights and the Equal Status Acts also provide a referential point for the standards and values maintained for respecting and understanding the value of the individual. For a supposition, it can be stated that an adult has the capacity to make

health care decisions in a positive manner. In regards to the rights of self-determination and analysis, informed consent is fundamental. Primary health care nurses, according to these values are to treat people in an equal manner without providing any discriminative factors relating gender, age, race, religion, sexual orientation, family status, any sort of disability or the civil status (Mosby and Elsevier, 2013).

The patients therefore in the case studies were provided health care regardless of the condition they were going through. Consent was achieved with the patient suffering from abdominal pain for further assessment of the condition. With another patient, despite his blindness, proper treatment course was provided for positive outcomes. Considerations of gender and age were not kept in account for any form of differentiations in the cases (Eric, et al., 2013).

Professional Accountability and Responsibility

This principle is responsible for the focus on professional accountability and responsibility for professional and personal balance, and support. There are some professional boundaries which should be maintained for the insurance and objection of thorough nature. The clinical and professional rules which are outlined by the associations are to be practiced along with the documentation provided. Proper compliance is regarded due to the significant application of theoretical aspects (Eric, et al., 2013).

With the commencement of nursing activities, as a primary health care nurse, it was learnt that actions have potential outcomes according to the decisions managed. Provided in the third case study, it was observed that the nurse managed to keep professional boundaries providing the formulation of a therapeutic relationship with the patient (Okie, 2012).

Confidentiality and Trust

This principle as the name implies highlights confidentiality, honesty and optimal truthfulness. Trust is a core value in the profession of nurses and they are providing an association between the patient and professional clinical attributions in a positive manner. As implied in the case study, patients should be provided with the consent information to isolate any part of information they don't want to be discussed; the patients should be consented of their assessment as well for instance the abdominal, nose and throat examinations which are needed for fundamental deliberations. Patients with cardiac symptoms as described in case study 3 should be checked of their signs according to the age group (Sawyer, 2012).

Practice Quality

The quality of practice highlights the compassion, competence, care and safety of the patients to provide protection from further harm that is happening. Patients have the right to receive highest quality of care for the professional practice and application of theoretical concepts. Using evidence based knowledge the best application of standards is to be carried out.

Considering case study 2 an as example, the patient was already distressed as he was unable to see from his right eye and was evidently in severe pain. The delivery of competent and safe health care practice with careful listening and diagnosis created a better assessment, treatment and follow-up plan (Sawyer, 2012)..

Collaboration with Others

This reports and outlines the aspects of communication team working and documentation. Primary health care nurses have a divided responsibility with the fellow colleagues and nurses for the purpose of providing quality health care, working in a combined fashion for the attainment of the effectual most results for service users.

Effectual and constant documentation of changes is a vital component of medical practice and it also reflects on the standards of individuals' professional attributions. There is a support of ethical management of communication care and further elaborations. Primary health care nurses can work in collaboration with nurse practitioners as explained in the case study 3 to identify their functionality in delivering care in an appropriate manner; there is a factor of supervision which is also fulfilled with the help of such measurements (Benner, 1984).

The communication and documentation of care should be provided in an objectified, clear and accurate manner provided an ethical and legal structure. This involves an appropriate implementation of social media as well as information technology tools. There is a significant need of implication of proper methods in the health care industry to make sure that the tasks being carried out are valid on which substantial actions can be mediated to address concerns where they are highlighted in the first place. The individual with which an overall collaboration is being carried out should have appropriate skills, education, training and support to bring out the best of facilities. This involves supporting learning, supervising, practice assessment as well as management of junior primary health care nurses for the cause (Watanabe, 2010).

2.2. Application of History Taking Process

The capability of taking an accurate form of medical history from a patient is one of the fundamental skills and an essential constituent of clinical competency. The interview of medical origin and even the consultation brings about the diagnosis in a precise manner along with the treatment; the studies have indicated and provided the information that about 80% of the identifications in general medical professional attributions are based on the medical history points and background. It is measured that a doctor may perform 200,000 consultations in a

lifetime of his profession all which have the imminent need of learning and developing the qualitative interviewing strategy (Fleisher, and Ludwig, 2010).

As a primary health nurse, the effectiveness of medical consultation is not only depending on the professionals' clinical knowledge and skills of interviews but on the nature of association which is eventually present between the patient and doctor. For this reason, an enhancing stress is being provided on the history taking with benefitting communication skills further so there can be a promotion of effective deductions and assessments in practical guidelines. The patient should be able to relate with the nurse's understanding about the nature of any form of illness that is on-going and what is recommended to deal with it. Patient should also be at feasibility to disclose any concerns and issues and to undermine they have been analysed by the primary health care nurse (Clissett, et al., 2013).

In any consultation form, the primary health care nurse has to perform a number of different functions. On an ideal note, these should be derived in a structure manner so there is a maximisation of effectiveness and efficacy. There are number of different consultation modes discussed within the case study for the same matter since different patients were dealt with and elaborated for positive outcomes (Fleisher, and Ludwig, 2010).

The first case study involved an abdominal exam along with the medical history taking procedure in a careful, systematic and methodological manner for the investigation of underlying issue. The pain was estimated upon the description of attributes and features of the pain. Final outcome of the differential diagnosis was brought about with the identification of bowel habits.

Considering the second case, patient history is considered to be crucial. It was important for the condition to be explained in a detailed manner; the details were taken of the injury as to how the patient was hit in the face and the extent of pain he was going through. In the third case

study, taking the vital signs, ECG levels and cardiac activity in the given time frame provided that the patient needed immediate medical attention, and he was therefore transferred through the ambulance to ensure an effective emergency care. The overall role in this manner is to identify the reasons and causes for their ill health. Conventionally, medical history taking has been relying on a usual medical model and considering that an ailment can be fully determined for with the derivations from biological functions in a normal manner (HCPC, 2012).

While there are some pathophysiological considerations associated with almost every ailment, there are multiple experiences which are noted out of the issues created and to deal with the illnesses in a contributing pattern is effective for the biomedical assessment of physiological issues (HCPC, 2012).

2.3. Problem Solving Skills in Health Assessment

For the delivery of proper health care outcomes and institutional settings, nurses are in close communication with their patients for a given amount of time and the perspectives are usually taken into consideration with the following of the condition that is first noted by the primary healthcare nurse. Clinical problem solving is a function of nursing which is managed with the environmental care making sure that the resources are available for proper applications. A number of problem solving techniques are led through primary healthcare nurses giving out a greater autonomy and functional responsibility in a routine practice with a diversified health management system. However, a major number of difficulties arise that have urgent needs and there has to be a providing phenomenon of a helping hand as both information and acquired written language, the facilitative and combined form of information derivation in such cases is positive for the reflection of care context (Radford, 2011).

The views of patient and client rights in the informative supplementation of care are also essential in the problem solving procedure. In practical world, all information sources and knowledge commencements are consistently interacting to inform routine problems in healthcare delivery. As a primary healthcare nurse, there has to be a range of different skills implied to appreciate the patient to mention their story in a complete manner as much as possible keeping the structure in a maintained form. As the history is brought up, there should be an interpretation of the complexity of symptoms. The manner in which the interview is carried out should, the questions asked and the influences of the practitioner have substantial effects on the information presented by the patient. Deriving all of the associated information from the patient can be of significance in the process of problem solving and formulating an accurate diagnostic procedure (Radford, 2011).

As determined in all of the case studies, the patient welfare was to be considered of utmost importance and of doctor's concern, that their story will be analysed and listened to in an effective manner, and that their views and information of relative proportions is going to be considered of higher value. Most patients are not aware of the physiological, pathological or anatomical features of their body which is why it is extremely essential to use effective language and medical terms overall (Kocher, Sahni, 2011).

2.4. Application of Physical Examination Techniques

The use auscultation of the chest and abdomen is a frequently used clinical skill which is essentially implementable for primary health care nurses. Auscultation of chest and abdomen is used to investigate symptoms associated with cardiopulmonary and gastrointestinal conditions and usually a stethoscope is used to auscultate the heart, lungs, and bowel. In order to find out any abnormalities in the sounds produced during auscultation, Nurses are supposed to have

familiarity with normal chest and bowel sounds. The examination provides specific information which assists in the diagnosis of the problem and identifies probable cause and as the professional deems necessary direct the patient for appropriate therapy (Sawyer, 2012).

In the case study presented not only the organs of the abdomen that were auscultated were highly significant individually but they have anatomic and physiological links with other organs and thus it was necessary to have a comprehensive view. During auscultation, the examining Nurses carefully recognised the sounds and compared them to the standard or pathologic anatomy or underlying normal or disease state of the related organs. Sounds that are produced come from the movements of the organs and/or related parts. They may also be due to the flow of air, circulations of fluids through the organs. These sounds have very distinct features in normal (healthy) and abnormal (diseased) state of the organs. The examination conducted was an application of clinical technique for the physical examination as well as a practical application of the techniques of abdominal auscultation that is used during diagnostic of cause of pain in the abdomen. The findings of auscultation of abdominal cavity usually lead to a referral (Banning, 2008).

Auscultation is usually used to diagnose underlying conditions of the heart, lungs, or abdomen by detecting abnormalities in the sounds and consulting a physician to discuss and confirm opinion. The results of the examination may point to a trivial condition or it may indicate a severe condition and may require further examination by different clinical tests.

Prior to auscultation of any part of the body, primary healthcare nurse is to gain and consider a thorough subjective history from the patient, which could explain health problems, his or her personal health and family health (Banning, 2008).

Practicing percussion is the best way to gain proficiency in diagnosing problems as well. Nurses must frequently and attentively involve in such examinations and consult physicians in order to develop their skill that identifies any abnormalities and are used to diagnose probable condition and the underlying cause that is responsible for generating pain in the bodily regions. Although multimedia devices are used for both teaching and learning of normal sounds as well as abnormalities yet live examinations are substitute to none (Seidel, et al., 2011).

Inspection is one of the techniques used for physical examination conducted with the help of looking at the body part being examined. Clear observation is used for the purpose with the formulation of light in an adequate manner. This is important to have a visible formulation of colour, size, shape, position and symmetry of the organs that are being examined. The normal and abnormal differentiation of the body parts is essential to be noted as well (Bickley, et al., 2012).

Palpation is a strategy which is used for physical examination with the sense of touch. For the assimilation of outcomes such as shape, moisture, pressure and temperature of the body, this condition is implied. For the derivation of pulse, palpation is implied as it was needed in case study 3 to cultivate the heart rate of the patient complaining from chest pain.

2.5. Application of Communication Strategies

The communication skills can be brought about by using a combination of questions regardless of the fact that they are open ended or closed ended. Usually, open questions can be implied in the initial stages of the interview with the closed questions being asked later on, as information cultivation procedure becomes much highlighting in a contribution of information enhancement (Sladek, et al., 2010).

Providing a useful summary of the reflections can be allocated for the purpose of information that is gathered from the patients for communication skills. This is assisting not only because it allows a health care nurse to check if they have considered the symptoms correctly but can also create a response opportunity for patients to give additional clarification and information (Donelan, et al., 2013).

3. Conclusion

The paper provides a critical understanding of the nursing aspects and how well they can be for the commencements of decision making and problem solving of the patients. Primary health care nursing is all about the conclusion making procedure of the healthcare system including the follow up of the models created for patient regulation. Clinical professionals who want to have an implication of the researches tend to overlook the basic and fundamental information purposes in some cases where several possible responses can be deduced with the information seeking procedures.

For effective development in physical examination and communication skills, the procedures of searching and appraisals are to be noted in a useful manner accessing major informative resources than research in multiple forms. There are some theoretical frameworks which are to be considered to bridge up gaps between the traditional evidence based sources of research information and the problem solving issues nurses are facing in the modern world.

Primary health care nursing development for physical examination and communication skills involve the professional determination of highlighted information for professional status. These requirements can be attained with the help of professionalised procedures in performing a public service for the distinctive structure of knowledge and practice skills. Keeping the issues in

mind, moving forward in a positive manner is going to be essential for future implications and tendencies.

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