

Primary Care Nurses' Prospects

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Abstract

The core of primary medical care for adults and children is provided by highly trained nurses in rural Australia, one of the wealthier nations. Locally trained nurses typically work in hospitals and private clinics in towns in many developing nations (such as Bangladesh and China), whereas lay medical assistants and occasionally doctors provide rural communities' health care. In the United States, chronic disease care is managed by nurses. Some nurses in the UK work for independent contractor general practitioners (GPs), while others, like health visitors, are attached to general practice teams but paid and managed by primary care organizations. They have collaborated with GPs for a long time: Patients with complex clinical and social issues receive better care when these primary care professionals communicate well.

Keywords: Case study • Community health nursing • Conceptual framework

Introduction

The UK government has developed alternatives to traditional general practice as a result of pressure to cut costs, make it easier for patients to get care and deal with a shortage of medical professionals. These include primary care trust medical services, NHS Direct, NHS walk-in centers and alternative provider medical services. These modifications cast doubt on the future of primary care nursing and health visiting and pose a threat to the conventional primary healthcare team. A review of district nursing training is underway. District nurses will have a new examination, curriculum and administrative structure by 1981. Similar to general practice training, nursing training is going to be required. The development of district nurse training's history is briefly discussed [1].

Description

Identifying and managing mild, moderate and severe mental illness is made easier by the many opportunities presented by the perinatal period. This is because the non-postpartum population does not have as much routine contact with health professionals as the postpartum population does. All healthcare professionals who come into contact with pregnant or postpartum women should be aware of the possibility of new or more persistent symptoms, despite the fact that general practitioners (GPs) are frequently the first point of contact for women or their families seeking assistance during the pregnancy and postpartum.

There is a lot to be gained from early diagnosis and treatment in primary care given the evidence that both pharmacological and psychological interventions improve health outcomes when PND is identified. Psychological therapies should be used as a first-line treatment for mild to moderate symptoms, according to guidelines from the National Institute for Health and Clinical Excellence (NICE). Because of the evidence for negative, long-term effects on the well-being of infants and children, NICE guidelines also recommend lowering the severity threshold for treatment during the perinatal period. However, it is unclear which method of facilitating access to such psychological support is the most effective in the current economic climate [2].

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Three Nursing Centers (NCs) in West Java, Indonesia, were the focus of this study, which employed an embedded single case study design. A review of pertinent documents and semi-structured interviews were carried out. Clients, nurses, nursing students and lecturers who have been utilizing the NC model, as well as the head of the co-located Community Health Centres, were among the interview participants who were selected intentionally to select stakeholders who had access to a wealth of information [3]. Thematic analysis, pattern matching and cross-unit synthesis were used to analyze the data. Nurses need new methods of training and support to be able to deal with the difficult and expensive problems that health care systems face.

Strong organizational integration partnerships between nursing schools and health care organizations are required to provide appropriate training and support. The quality of collaboration between various organizations and sectors of society to enhance service quality and efficiency is referred to as inter-organizational integration. This may also include the manner in which services are provided and practices are collectively organized and managed. Co-operation and collaboration are the most common types of inter-organizational integration, but other terms like "networks," "partnerships," and "coalitions" are also used to describe various levels of integration. At the individual and system levels, cooperation and collaboration are ongoing processes in which individuals must constantly negotiate boundaries [4].

An ethnohistorical study of public health nursing in rural New England yields some haphazard findings, which are presented in this paper. During that study, a population-based nursing model emerged that some would characterize as out of date; However, it may offer excellent opportunities for addressing the nation's current and future health issues, particularly those related to the care of the elderly and chronically ill. The model is examined for its accessibility, availability, accountability, acceptability, comprehensiveness, coordination and cost-effectiveness in accordance with the primary health care evaluation criteria. This model's policy implications for community health care organization and financing are investigated.

According to the findings of the study, women who accepted assistance described their psychological sessions as beneficial and "ideal care" and had positive experiences with them. However, women who chose not to participate in the sessions believed that they did not know their health visitor well enough or could not relate to them. The ability of healthcare professionals to interact with mothers who may be struggling with mental health issues during or after childbirth may be the key to positive outcomes. The only individual who has access to a woman's complete and up-to-date medical history is her general practitioner (GP) and sharing this pertinent information could save lives. According to the Confidential Enquiry into Maternal Deaths⁶, healthcare providers frequently failed to discuss a patient's previous psychiatric history in cases of suicide. Additionally, midwives do not receive training to identify rare or complex mental health issues and women may be reluctant to disclose a history of severe mental health issues [5]. GPs are well-positioned to educate pregnant women about PND, monitor mental health during pregnancy, identify early symptoms of PND and expeditiously refer patients with suspicions of severe mental illness to specialist secondary care services.

Conclusion

This relationship is crucial in every way: Women's decision to seek help and their success were significantly influenced by healthcare professionals' interpersonal skills and the relationships they had with women with mental health issues. It can be difficult to get mental health care after giving birth. Women are concerned about the level of expertise of healthcare professionals in discussing PND, are unsure of who is the appropriate health professional to seek assistance from and are afraid of being viewed as unsuitable parents.

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Conflict of Interest

No conflict of interest.

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