Impacts of Nurses Knowledge Regarding Quality Patient Care in Bangladesh

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ABSTRACT

Nurses knowledge is very much essential for quality patient care in Bangladesh as well as any country in the world. It is assummed that the more the nurses knowledgeable, the more the patient will get quality care. However, the present study has conducted to find out the impacts of nursing education for better patient care management in Bangladesh And to identify the problems of nursing education in Bangladesh. The study was conducted at Brahmanbaria and Dhaka city in Bangladesh. The study was a Descriptive type of Cross-Sectional Study. Selected different nursing college and private- Nursing College in Brahmanbaria and Dhaka district. Purposive sampling method was used for the study. Two Nursing Colleges were selected for the study. From each district 200 respondents were selected from nursing colleges. So, total 400 respondents were selected for the Study. Data were collected from primary and secondary sources. Primary data were collected from the respondents of the study area. Secondary data were collected from books, research reports, journals, annual reports, Website of Ministry of Health and family planning internet etc. The tool was prepared by keeping the objectives of the study as the framework that reflect the study variables. A pre-designed semi-structured questionnaire was developed use as data collection instrument. Prior to the interview, the purpose of data collection was explained to the respondents and verbal consent was obtained. Data were collected by face-to-face interview by the investigator. Collected data were analyzed by computer program Statistical Package for the Social Sciences (SPSS). From the result it was found that 62% respondents replied that large classroom is a problem. 49% respondents faced shortage of quality teachers 60% respondents were agreed that training has vital role to teach students, 55% respondents were agreed trained teachers are more expert than non-trained teachers, 38.5% respondents were agreed that most teachers don't take preparation before going to class, 67.5% respondents were strongly agreed that there is a necessity of changing nursing course curriculum. The study identified some community problems such as security problem, heavy work load, attitude problem of community mobilizer, transportation problems. The study identified some medical problems, such as heavy work load, attitude problem of the seniors, physicians conduct and unfamiliar attitude and transportation problems. Government as well as the teachers of nursing related educational institutions should take up to date initiatives so that the nurses can achiever quality knowledge and deliver quality care to the patients.

Key words: *Nurses knowledge, Patient care, Practical, Practice, Problem, Course curriculum, Teaching aid, Teachers' Training, Classrom environment, Teaching quality, Teachers experieice, Institutional environment.*

INTRODUCTION

Bangladesh is a developing country of south East Asia. The population of the country is about 170 million. The health sector of the country is very much demandable. There is a great opportunities for nurses in home and abroad. For this reason the government of the Peoples Republic of Bangladesh is doing a lot of works for the growth and development of nursing education. There are educational institutions for being nurses in Bangladesh. But the numbers of such intuitions are not enough in comparison to the asking demand and population. In private health sector there, is a great demand of nurses in Bangladesh. For this reason nursing education is expanding in a significant rate. But quality of nursing education is crying need for patient care. Nursing practice nowadays and specifically in Bangladesh is confronted by various obstacles such as the age and increasingly ill segment of the population of hospitalized patients, the burden of healthcare expenses and the need to stay up to date with the medical knowledge and technology advancements. These demands are aggravated by a notable increasing deficit of nurses and an aged nursing labor force. In addition, novice designs of holistic healthcare services are being created to tackle a wide variety of demands in healthcare and influence the structure of the workforce and care delivery (Jamshidi, Mehrdad, & Jamshidi, 2012).

To tackle these obstacles, employers will pursue nurses whose competencies are compatible with the practice settings demands, can function potently in inter-disciplinary teams across a wide range of healthcare environments. They should also be able to offer conventional nursing services in addition to other facilities such as case management and practice leadership, health advocacy and illness prevention (Fukada, 2018). The nursing milieu must track the modifications in the healthcare settings to guarantee the continuous production of high quality, secure and efficient patient services. To achieve this, nurses must be prepared with the necessary competencies. Thus, policymakers and educators must primarily evaluate demands for the prospective workforce, based on requirements of the work setting (Ahluwalia, Damberg, Silverman, Motala & Shekelle, 2017).

OBJECTIVES OF THE STUDY

The objectives of the study are as follows:

1. To find out the impacts of nursing education for better patient care management in Bangladesh.
2. To identify the problems of nursing education in Bangladesh.

METHODOLOGY OF THE STUDY

Study area: The study was conducted at Brahmanbaria and Dhaka city in Bangladesh.

Study Design: The study was a Descriptive type of Cross-Sectional Study.

Study place: Selected different nursing college and private- Nursing College in Brahmanbaria and Dhaka City.

Sample Population: All year registered students nurses studying in the Nursing College were the sample population of the study.

Sampling method: Purposive sampling method was used for the study.

Sample size: Two Nursing Colleges were selected for the study. From each district 200 respondents were selected from nursing colleges. So, total 400 respondents were selected for the Study.

Sources of Data: Data were collected from primary and secondary sources.

Sources of Primary: Primary data were collected from the respondents of the study area.

Sources of secondary data: Secondary data were collected from books, research reports, journals, annual reports, Website of Ministry of Health and family planning internet etc.

Sample Size: Due to time and financial Constraints the sample size of the study was limited to 400

**Exclusion criteria**: Those were not interested to participate in the study.

Tool of Data Collection: The tool was prepared by keeping the objectives of the study as the framework that reflect the study variables. A pre-designed semi-structured questionnaire was developed use as data collection instrument.

Procedure of Data Collection: Prior to the interview, the purpose of data collection was explained to the respondents and verbal consent was obtained. Data were collected by face-to-face interview by the investigator.

Data Analysis: Collected data were analyzed by computer program Statistical Package for the Social Sciences (SPSS).
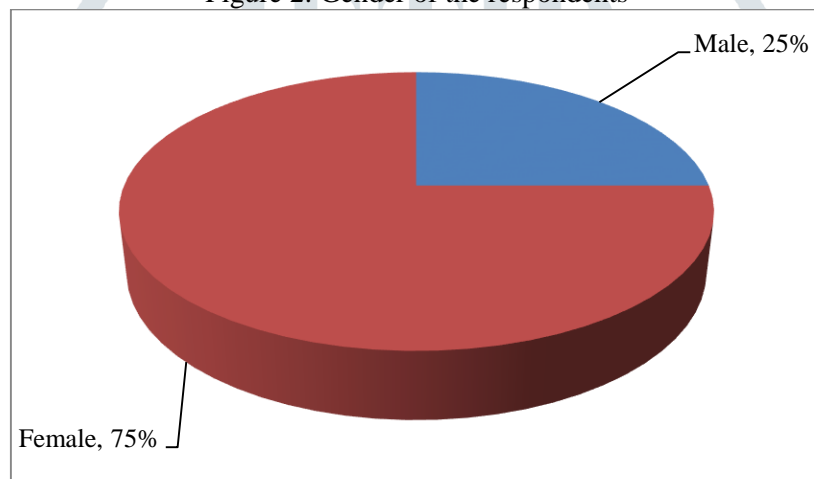
RESULTS AND DISCUSSION
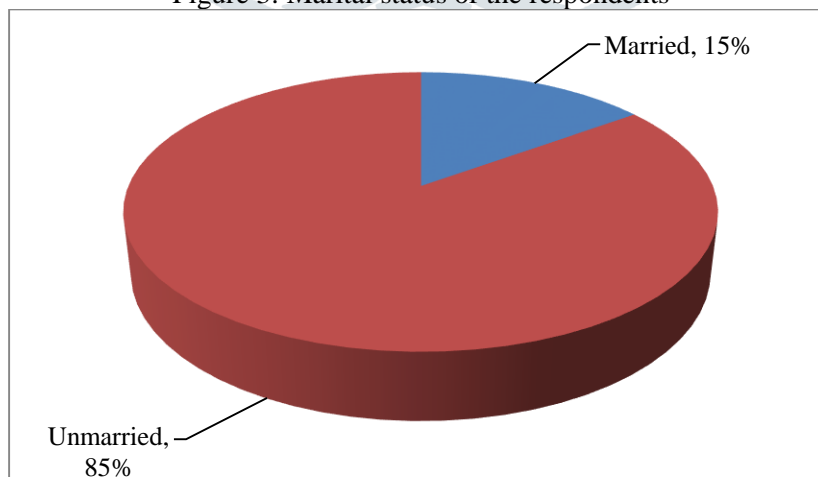
Figure 1: Age of the respondents
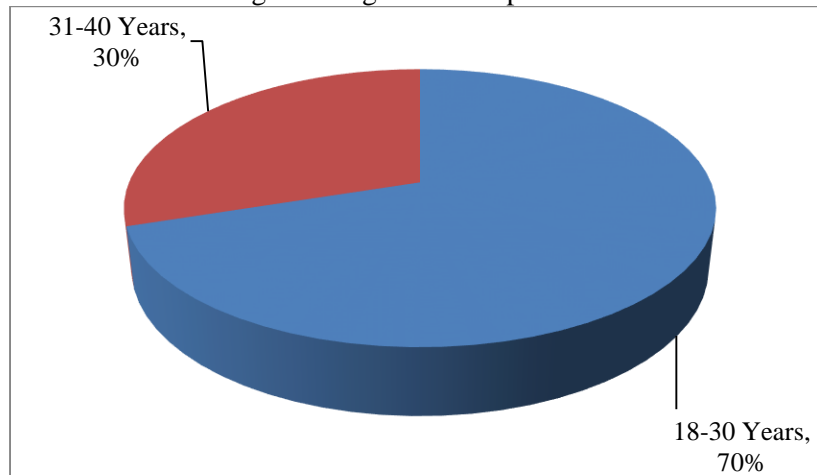
Age of the respondents has shown in the above figure. From the result it was found that 70% respondents were from age group 18-30 years and 30% respondents were from age group 31-40 years.

Figure 2: Gender of the respondents

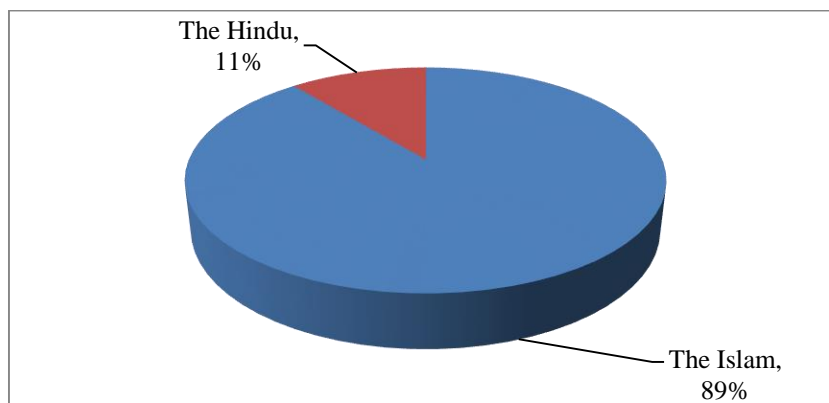Gender of the respondents has shown in the above figure. From the result it was found that 75% respondents were female and 25% respondents were male.

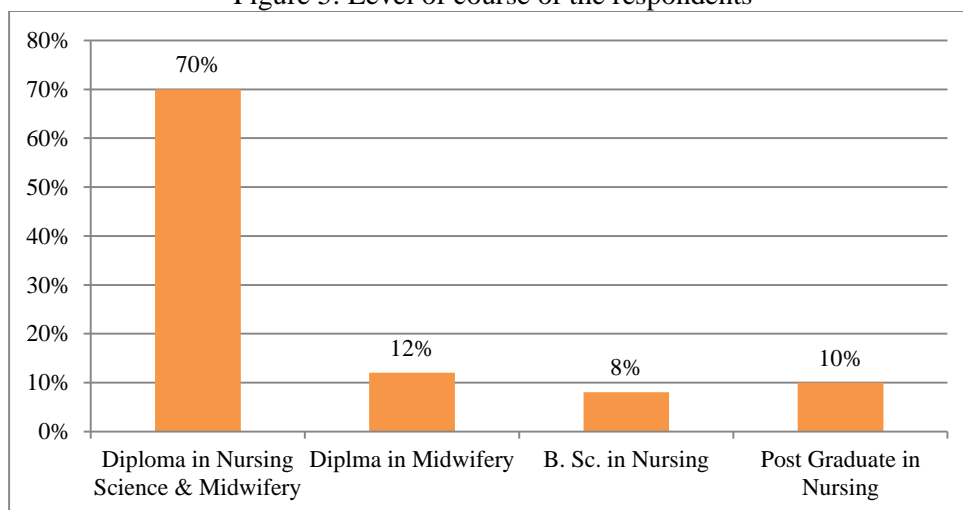Figure 3: Marital status of the respondents

Marital status of the respondents has shown in the above figure. From the result it was found that 85% respondents were unmarried and 15% respondents were married.

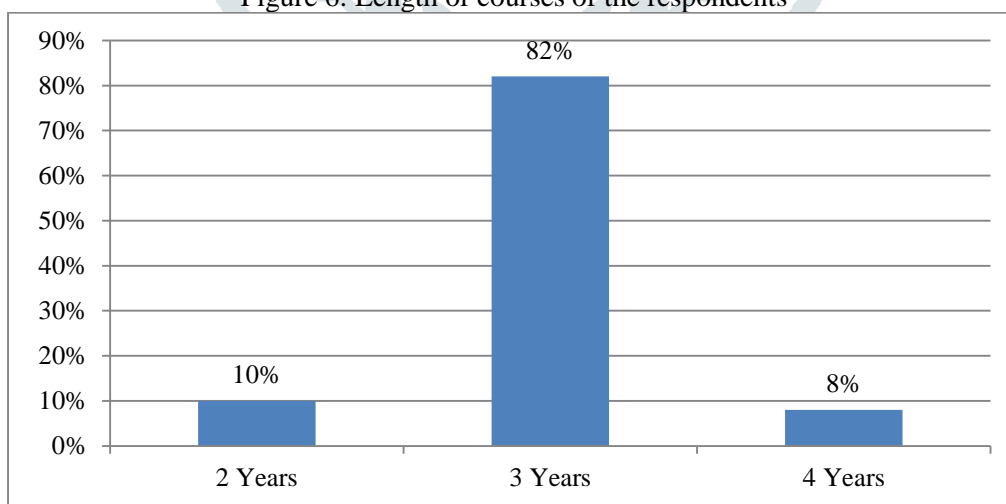Figure 4: Religion of the respondents

Religion of the respondents has shown in the above figure. From the result it was found that 89% respondents were from the religion Islam and 11% respondents were from the religion Hindu.

Figure 5: Level of course of the respondents

Level of course of the respondents has shown in the above figure. From the result it was found that 70% respondents were from Diploma in Nursing Science & Midwifery which was maximum but only 8% respondents were from B.Sc. in nursing which was minimum. On the other hand 12% respondents were from Diploma in Midwifery and 10% respondents were from Post Graduate in Nursing.

Figure 6: Length of courses of the respondents

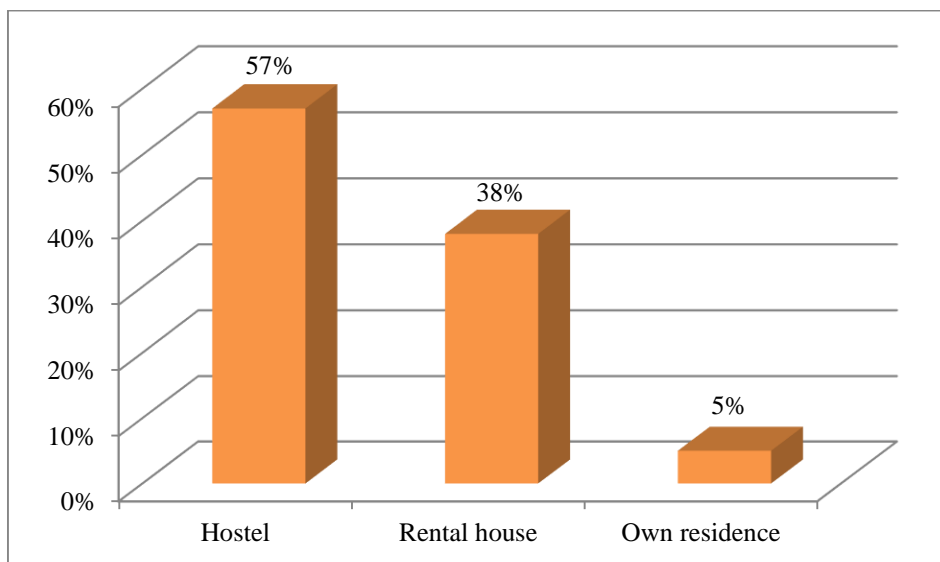Length of courses of the respondents has shown in the above figure. From the result it was found that 82% respondents were from 3 years course which was maximum but only 8% respondents were from 4 years course which was minimum and 10% respondents were from 2 years course.

Figure 7: Residence of the respondents

Residence of the respondents has shown in the above figure. From the result it was found that 57% respondents lived in hostel which was maximum but only 5% respondents lived in their own residence which was minimum and 38% respondents lived in renatal house.

Figure 8: Communication behaviour of the OPD staff
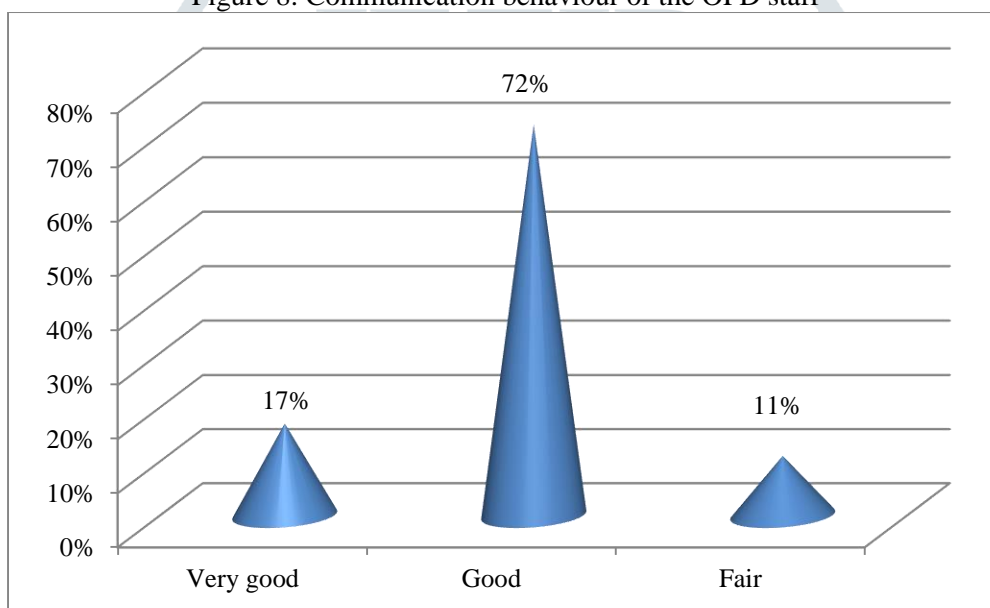
Communication behaviour of the OPD staff has shown in the above figure. From the result it was found that 72% respondents replied that the communication behaviour of the OPD staff were good which was maximum but only 11% respondents replied that the communication behaviour of the OPD staff were fair which was minimum and 17% respondents replied that the communication behaviour of the OPD staff very good.

Table 1: Whether Large Classroom is a problem

Respondents' opinion	Percentage
Agreed	62%
Neutral	18%
Disagreed	20.0%
Total	100.0%

Whether Large Classroom is a problem has shown in the above table. From the result it was found that 62% respondents were agreed that large classroom is a problem, 18% respondents were neutral and 20% respondents were disagreed that large classroom is a problem.

Table 2: Classroom Problems Faced by Respondents

Classroom Problems	Percentage
Seating problem	6%
Noise Problem	7.0%
Ventilation problem	15%

Problem in teaching aid	11%
Quality teaching methods	12%
Shortage of quality teachers	49%
Total	100.0

Classroom Problems Faced by Respondents has shown in the above table. From the result it was found that 6% respondents faced seating problem, 7% respondents faced noise problem, 15% respondents faced ventilation problem, 11% respondents faced problem in teaching aid, 12% respondents faced quality teaching methods and 49% respondents faced shortage of quality teachers.

Table 3: Ventilation is good in Class Room

Respondents' opinion	Percentage
Agreed	24.5%
Neutral	18%
Disagreed	40.0%
Strongly disagreed	17.5%
Total	100.0%

Ventilation is good in Class Room has shown in the above table. From the result it was found 24.5% respondents were agreed that ventilation was good in class room, 7.5% respondents were neutral that ventilation was good in class room and 40% respondents were disagreed that ventilation was good in class room and 17.5% respondents were strongly disagreed that that ventilation was good in class room.

Table 4: Whether Training has Vital Role to Teach Students

Respondents' opinion	Percentage
Strongly agreed	30.5%
Agreed	60.0%
Disagreed	9.5%
Total	100.0%

Whether Training has Vital Role to Teach Students has shown in the above table. From the result it was found that 30.5% respondents were strongly agreed that training has vital role to teach students, 60% respondents were agreed that training has vital role to teach students, and 9.5% respondents were disagreed that training has vital role to teach students.

Table 5: Teaching learning materials helps students to learn better

Respondents' opinion	Percentage
Strongly agreed	35.0%
Agreed	50.0%
Disagreed	15.0%
Total	100.0%

Teaching learning materials helps students to learn better has shown in the above table. From the result it was found that 35% respondents were strongly agreed that teaching learning materials helps students to learn better, 50% respondents were agreed that teaching learning materials helps students to learn better, and 15% respondents were disagreed that teaching learning materials helps students to learn better.

Table 6: Trained teachers are more expert than non-trained teachers

Respondents' opinion	Percentage
Strongly agreed	40%
Agreed	55%
Disagreed	5%
Total	100.0

Trained teachers are more expert than non-trained teachers has shown in the above table. From the result it was found that 45% respondents were strongly agreed that trained teachers are more expert than non-trained teachers, 55% respondents were agreed trained teachers are more expert than non-trained teachers and 5% respondents were disagreed trained teachers are more expert than non-trained teachers.

Table 7: Teachers use understandable pronunciation while teaching in the classroom

Respondents' opinion	Percentage
Agreed	48.5%
Neutral	8.5%
Disagreed	33.5%
Strongly disagreed	9.5%
Total	100.0%

Teachers use understandable pronunciation while teaching in the classroom has shown in the above table. From the result it was found 48.5% respondents were agreed that teachers use understandable pronunciation while teaching in the classroom, 8.5% respondents were neutral teachers use understandable pronunciation while teaching in the classroom and 33.5% respondents were disagreed teachers use understandable pronunciation while teaching in the classroom 9.5% respondents were strongly disagreed Teachers use understandable pronunciation while teaching in the classroom.

Table 8: Most teachers don't take preparation before going to class

Respondents' opinion	Percent
Strongly agreed	28.5
Agreed	38.5
Neutral	13.0
Disagreed	20.0
Total	100.0

Most teachers don't take preparation before going to class has shown in the above table. From the result it was found that 28.5% respondents were strongly agreed that most teachers don't take preparation before going to class, 38.5% respondents were agreed that most teachers don't take preparation before going to class, 13% respondents were neutral that most teachers don't take preparation before going to class and 20% respondents were disagreed that most teachers don't take preparation before going to class.

Table 9: Quality Teaching Aids, Methods, Nursing training available in nursing college as per expectation

Respondents' opinion	Percent
Strongly agreed	22.5
Agreed	47.5
Disagreed	30.0
Total	100.0

Quality teaching aids, methods, nursing training available in nursing college as per expectation has shown in the above table. From the result it was found that 22.5% respondents were strongly agreed that quality teaching aids, methods, nursing training available in nursing college as per expectation, 47.5% respondents were agreed that quality teaching aids, methods, nursing training available in nursing college as per expectation, and 30% respondents were disagreed that quality teaching aids, methods, nursing training available in nursing college as per expectation.

Table 10: Necessity of changing nursing course curriculum

Respondents' opinion	Percent
Strongly agreed	67.5
Agreed	20.0

Disagreed	12.5
Total	100.0

Necessity of changing nursing course curriculum has shown in the above table. From the result it was found that 67.5% respondents strongly agreed that there is a necessity of changing nursing course curriculum, 20% respondents were agreed that there is a necessity of changing nursing course curriculum, and 12.5% respondents disagreed that there is a necessity of changing nursing course curriculum.

Table 11: Name of Community Problems

Respondents' opinion	Percent
Security problem	38.0
Heavy work load	34.5
Attitude problem of community mobilizer	22.5
Transportation problems	5.0
Total	100.0

Name of Community Problems has shown in the above table. From the result it was found that38% respondents replied that security is community problem, 34.5% respondents replied that heavy work load is a community problems, 22.5% respondents replied that attitude problem of community mobilize and 13.5% respondents replied that transportation problem is s community problem.

Table 12: Hospital Problems Faced by Respondents

Respondents' opinion	Percent
Heavy work load	35.0
Attitude problem of the seniors	33.5
Physicians conduct and unfamiliar attitude	18
Transportation problems	13.5
Total	100.0

Hospital Problems Faced by Respondents has shown in the above table. From the result it was found that 35% respondents replied that heavy work load is hospital problem, 33.5% respondents replied that attitude problem of the seniors is hospital problem, 18% respondents replied that physicians conduct and unfamiliar attitude is hospital problem, 13.5 % respondents replied that transportation problem is hospital problem.

Table 13: Interpersonal relation of Respondents with teachers

Respondents' opinion	Percent
Very good	35.0
Good	33.5
Fair	18
Bad	7.5
Very bad	6
Total	100.0

Interpersonal relation of Respondents with teachers has shown in the above table. From the result it was found that 35% respondents replied that they had very good interpersonal relation with teachers, 33.5% respondents replied that they had good interpersonal relation with teachers, 18% respondents replied that they had fair interpersonal relation with teachers, 7.5% respondents replied that they bad interpersonal relation with teachers and 6% respondents replied that they very bad interpersonal relation with teachers.

Table 14: Technical quality of the lab assistant

Respondents' opinion	Percent
Very good	24
Good	26
Fair	38
Bad	7
Very bad	5
Total	100.0

Technical quality of the lab assistant has shown in the above table. From the result it was found that 24% respondents replied that the lab assistant had very good technical quality, 26% respondents replied that the lab assistant had good technical quality, 38% respondents replied that the lab assistant had fair technical quality, 7% respondents replied that the lab assistant had bad technical quality and 5% respondents replied that the lab assistant had very bad technical quality.

Table 15: Expenditure of the reading of the college

Respondents' opinion	Percent
Very expensive	5
Expensive	4
Reasonable	21
Cheap	40
Very cheap	30
Total	100.0

Expenditure of the reading of the college has shown in the above table. From the result it was found that 5% respondents replied that the expenditure of the reading of the college was very expensive, 4% respondents replied that the expenditure of the reading of the college was expensive, 21% respondents replied that the expenditure of the reading of the college was reasonable, 40% respondents replied that the expenditure of the reading of the college was cheap, 30% respondents replied that the expenditure of the reading of the college was very cheap.

Table 16: Behaviour of the Teachers

Respondents' opinion	Percent
Very good	56
Good	26
Fair	8
Bad	6
Very bad	4
Total	100.0

Behaviour of the Teachers has shown in the above table. From the result it was found that 56% respondents replied that the behaviour the teachers were very good, 26% % respondents replied that the behaviour the teachers were good, 8% respondents replied that the behaviour the teachers were fair, 6% respondents replied that the behaviour the teachers were bad and % respondents replied that the behaviour the teachers were very bad.

Table 17: Experience status of the teachers

Respondents' opinion	Percent
Experienced enough	19
Experienced	57
Average experienced	12
Less experienced	9
Not experienced	3
Total	100.0

Experience status of the teachers has shown in the above table. From the result it was found that 19% respondents replied that the teachers were experienced enough, 57% respondents replied that the teachers were experienced, 12% respondents replied that the teachers were average experienced, 9% respondents replied that the teachers were less experienced and 3% respondents replied that the teachers were not experienced.

Table 18: Status of time delivery of the teachers in the class room

Respondents' opinion	Percent
Give sufficient time	19
Give average time	57
Give less time	12
Give very less time	9
Total	100.0

Status of time delivery of the teachers in the class room has shown in the above table. From the result it was found that 19% respondents replied that the teachers were experienced enough, 57% respondents replied that
Conclusion

CONCLUSION

Nowadays, nursing education is facing various challenges locally and globally, as well as it is exhibiting multiple facets of reformation. From aligning nursing education with the practice settings to incorporating nursing as an integral part of the health workforce, to adequately preparing nursing educators and providing them with proper development opportunities, to dealing with technological, economical and ethnic challenges, nursing educators are entitled to recognize and deal with the obstacles that come with the 21st century, in order to maintain a high quality of nursing graduates, quality of care as well as safeguard patient safety and satisfaction. Nursing education is an ever-changing field and upon the transition from conventional classroom to web-based clinical instruction, educators have become required to guide, motivate and coach students to acquire a more advanced technological experience within their field of study. However, the deficit in nurse educators which is worsened by the present task overload, deficient reinforcement and difficult access to academics when educators are cross-performing as clinical practitioners as well makes such transition a difficult one.

Thus, some solutions that can be summarized in working on maintaining a high quality of bachelor education for nurses, implementing articulation programs, establishing strong partnerships between educational facilities and clinical settings and implementing internship programs, simulation and inter-professional approaches in nursing education, can be proposed that are ultimately beneficial for scholars, educators and the profession of nursing education. These proposed improvements revolve around valuing nursing practitioners, which in turn results in modifications in culture and attitude. Therefore, public health education regulations in Bangladesh should be put in place to facilitate nurses' efficient activities, such as the formalization of occupational educational facilities based on identifying nurses as the essence of improving the quality of health care services in Bangladesh.

To tackle these demands, managers will require nursing practitioners who can provide health care services of high quality to clients of varying acuity in hospitals and community settings, as well as other health services such as case management, health promotion and disease prevention. In order to stay up to date with the vast variations in the health care settings, nursing educators should regularly assess and audit educational syllabuses, programs and strategies employed to prepare novice nurses. In addition, innovating and piloting new frameworks to ease the access and progress to a Bachelor degree in nursing, as well as strengthening and creating new relationships between educational facilities such as universities and colleges and clinical settings should be supported to establish articulation and bridging programs and tackle prospective labor market problems such as nursing deficits that might be avoided in such cases.

Moreover, post-graduate educational programs in nursing should be well financed, in order to facilitate the functioning of nurses in faculty settings, as well as increasing the financial support to nursing residency programs in order to support the entry to practice and promote nursing retention and reduce burnout and attrition and promote maintainable tactics to support retention of racially diverse body of nursing in education and practice. Furthermore, developing a reliable feedback system between practitioner nurses and educational institutions is key to identify the deficits in nursing curricula and facilitate bridging the gap between theory and practice thus providing higher quality of care as well as satisfying the diverse needs of the patients with enhanced safety measures. To add, inter-professional educational models should be embraced and promoted and well incorporated into the educational process of nursing students, as such models prepare prospective nurses with the major skills and knowledge that are required in the 21st century health care system, enhance the use of technology and training of prospective healthcare providers on the use of medical technologies potently, foster cooperation and collaboration among various disciplines of the complex health care system which is patient centered, as well as help nursing practitioners in safe-guarding quality of care, patient safety and satisfaction in both hospital and community based settings.

RECOMMENDATION
Based on the results, the recommendations of the study are as follows:

1. Respect should be shown
As human, patients have direct and indirect needs and desires that affect patient outcomes. Their level of medical education, financial constraints, transportation availability, and care access influence their choices and their patient experience. Acknowledging and taking care of patient concerns demonstrates that nurses should see them as humans with unique needs. This kind of patient care may also help motivate them to respect their health journey and follow their care plan.

Not sure how to start practicing this type of patient care? Harvard Medical School researchers have identified eight principles that guide patient-centered care plans. Respect fuels all of them.

2. Gratitude should be expressed

Nurses are grateful to have a practice where you can take care of patients and help them achieve their health goals. Express that gratitude to them every chance nurses get. A simple, "Thanks for choosing nurses practice" goes a long way, especially when it's accompanied by small things like eye contact and the patient's name. The Clinical Advisor reports that medical professionals who apply these basic social skills generate much higher patient satisfaction scores. Ideal patient care addresses basic human needs. Ask each individual patient and each patient's family about their preferences, goals, and expectations. When nurses trust them as a healthcare partner, they're more likely to trust nurses' recommendations and become loyal patients. Reward that loyalty with milestone and holiday celebration treats or gift certificates when a patient refers a friend or when a patient's family member helps spread the word about nurses' expertise. When nurses demonstrate their appreciation regularly, nurses will reap the economic benefits of the patient-centered care model: more referrals.

3. Enable access to care

To enhance the care of patient populations across regions, ethnicities, and social classes, medical professionals have transcended the boundaries of the traditional medical environment to address the social determinants of health. Persistent, long-term factors like education, social position, income, and living environment play a significant role in promoting patient care and preventing or reducing disease effects. Addressing these (often subtle) determinants will improve patient outcomes. To do so, care team members must know a patient's medical history and implement patient care technology that helps prevent errors and encourages care plan compliance. It's critical to make appointment scheduling quick and easy. A future patient should never be left to wait on hold or have to click five times on nurses' website just to contact nurses or schedule an appointment. Platforms designed for patient care automate this function they even send thank-to patients and welcome messages to new patients after they've booked an appointment. Care Management software will enable nurses to seamlessly manage patient care compassionately while meeting the needs of each individual patient and each patient's family members who may be assisting with decision-making and care plan implementation.

4. Involve patients' family members and friends

According to the AMA Journal of Ethics, taking care of patients requires embracing the support and contributions of every patient's family and loved ones. Family-centered medical professionals allow competent patients and their caretakers to participate in healthcare decision-making. The concept of patient-centered care emphasizes the context and broader life experiences that can either generate illness or enable healing. As care plans become more collaborative, medical professionals are becoming more proficient in patient-centered care communication. Providers in all specialties are learning to listen, choice should be facilitated, information should be shared, trust should be built, and compliance should be promoted they should be enabled to expend time and energy more efficiently. When they explain the potential benefits and adverse effects of care plan medication to the patient's family, providers should generate the trust that enhances the patient experience.

5. Patient care should be coordinated with other providers

Although patient care coordination platform will be customized for nurses' healthcare setting, all successful patient-centered care follows the same core principles. Patient data and messaging are shared at all levels of the organization. When medical professionals in primary care, urgent care, long-term care, and specialty care address food, pain management, housing, transportation, as well as mental and behavioral health challenges, they're practicing whole-person care. Because primary care planners, nursing homes, hospitals, social services agencies, and religious institutions directly impact patient care, it makes sense for all of them to collaborate to take more holistic care of patients and of each patient's family. To do so effectively, they need Care Management platforms that enable communication between health care settings. These platforms can also track patient care, identify opportunities, give patients access to their own medical records, enhance patient communication with medical professionals, and improve care plan compliance.

6. Emotional support should be provided

To improve patient experience, medical professionals in all specialties should provide emotional support for patients, even in the most difficult situations. Ideal patient care entails a bit of psychology; it requires picking up on cues to determine how open each individual patient is to various types of support. Taking care of patients is a science and an art let instinct and experience guide nurses. Rather than disrupting nurses' workflow, nurses will see that connecting with the patient will, in the end, enhance it. It will make nurses feel valued, trusted, and needed. There's no better way to build loyalty and referrals while reaping the personal rewards of nurses' profession.

7. Patients should engage in their care plan

By encouraging questions and demonstrating that nurses are always open to new ideas, nurses will inspire patient-centered care communication and put patient's family at ease. When nurses educate them about their condition and

treatment choices, nurses should empower them to partner with nurses. Models and diagrams should be shown; websites and videos should be referred to them, and share case studies of the kind of patient outcomes they're striving for. Request feedback in another way to engage and take care of patients. Whether that means asking them how they felt about their appointment, administering phone surveys, or establishing patient advisory committees to suggest improvements, hearing from them will help each medical professional on your care team thrive.

8. Patients' physical needs should be addressed

Whether they need pain management or daily exercise, patients appreciate continual guidance, reminders, and motivation. Whether nurses work in primary care, specialty care, emergency care, or long-term care, optimal patient care requires keeping physical needs and comforts top-of-mind. Hospitals and offices are already uncomfortable, unfamiliar spaces in which to practice patient care. To prevent nurses' facility from being an obstacle to healing, enhance the coordination of patient-centered care including pain management. Ideal patient care requires helping weak or anxious patients with necessary tasks, creating a soothing, restorative environment, then checking in post-appointment to make sure their patient experience was conducive to healing. When nurses' patients are active, well-fed, and well-rested, they may have more energy to channel into care plan compliance. Patient care to address mental illness requires medical professionals to accommodate emotional needs. Older patients may have higher physical demands that affect their ability to comply. Each individual patient deserves a custom care plan to nurture their basic physical needs. And each patient's family deserves to be heard and engaged in care plan compliance.

9. Patients' mental health should be supported

The National Institute of Mental Health has found that physical trauma and chronic health dysfunctions can trigger depression or anxiety. Side effects of medications used to treat those dysfunctions can also disrupt brain chemistry and cause these conditions. Stress, for example, can stimulate the hypothalamic-pituitary-adrenal (HPA) axis, which controls mood, digestion, immune response, and energy expenditure. Patients experiencing Parkinson's disease, thyroid disorders, or beta-blocker side effects often report symptoms that mimic depression. According to Science Daily, antidepressants can also cause anxiety. To take care of patients, be aware of warning signs when building nurses' patient relationships. By implementing a patient Care Management system, nurses' team can provide mental healthcare across facilities and enable various medical professionals to help address mental health issues regardless of their training. A software program designed for patient care can relieve the burden of mental health screening, assessment, and specialist referrals. It lets nurses provide better patient care with fewer administrative tasks.

10. Patients should be helped to manage their medications

Because medications have so many potential contraindications and affect each individual patient differently, it's important to teach medication management and to offer alternative pain management options. Each patient and each patient's family should be given a complete and accurate medication list. Once it's accessible to all stakeholders on a Care Management platform, it will be easier to address medication reconciliation issues. Specialized next-generation software can help to identify behaviors that may put patients at risk for overdosing, under dosing, or missing medications. It will give all care team members context about what may be interfering with prescription adherence.

11. Quality patient care experiences should be delivered

Enhancing the patient experience requires that nurse focus on all touch points a patient has with nurses' healthcare system. Take care of patients by ensuring they experience quick, compassionate treatment and pleasant interactions with each medical professional along the way. Interactions, culture, and patient perceptions about nurses' continuum of care are critical to value-based care models, which are becoming more popular in the healthcare industry.

12. Whole-person care should be practiced

The whole-person care model addresses dysfunction and pain management in outpatient integrative clinics, medical centers, and hospitals. This model is being integrated into conventional medicine guidelines and is most often recommended to address chronic pain, diabetes, obesity, and the repercussions of the opioid crisis. Patient care that nurtures the physical, mental, spiritual, and environmental factors that can trigger dysfunction creates a more effective (and less expensive) pathway to chronic condition and pain management. Successful patient-centered care examples abound in clinics that embrace whole-person care for these common dysfunctions.

13. Care Management with technology should be streamlined

Ideal patient care promotes activities that educate patients so they can manage their health conditions more effectively. Successfully implementing inter-team care delivery requires streamlining patient care as well as provider communication. Care Management reduces the need for repetitive medical services and improves patient outcomes. It makes patient care coordination and clinical treatment easier and less stressful by eliminating duplication and enabling patients to improve their quality of life, one message at a time. If anyone want to improve patient outcomes, reach more patients, prevent team burnout, lower the costs of patient care, and improve quality of life for patients and providers, consider implementing patient-centered care technology at practices.

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