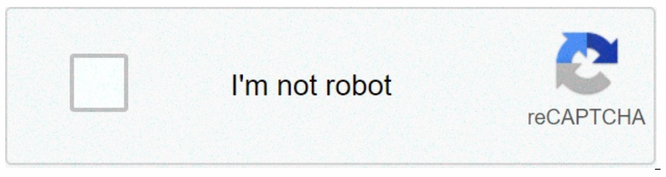

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Policy brief example nursing

School of Nursing, University of Minnesota, USA Correspondence: Penny Kessler, Department of School of Nursing, University of Minnesota, USA Received: August 08, 2016 | Published: August 18, 2016 Quote: Kessler P. The Political Short Congress on Health Care Industry & Nursing Education. Nurse Care Open Acces J. 2016;1(1):1-2. DOI: 10.15406/ncoaj.2016.01.00001 Download PDF Introduction To Shortage nursing faculty times effects on nursing and health care. Due to the increased needs of nurses, there is an urgent need to work by 2022 to increase the number of nurses to educate prospective nurses. The Faculty of Nursing Education Access Program outlines policy options and recommendations to address this igel. This brief is written by the Congressional Health Committee, the health care industry and nurse educators in the debate on VIII. The goal of this policy brief is to discuss the increased need for more nursing faculty to educate increased future nursing staff about the needs of patient care in regards to to the Affordable Care Act and aging population McMenamin P.1 May 2012 Salaries Nurse Faculty $68,640 RNs $67.93 0Care professionals $91,000 Nurse Anesthesiologist $154,400 There is a greater need for nurse faculty doctoral training nurses pursuing tertiary education often working as nurse professionals and anesthesiologists and receive higher salaries than the nurse's faculty. A doctorate is needed to prepare advanced practice nurses (APRNs) as well as baccalaureate nurse generalists (RNs). By 2022, 574,400 RN and APRN will need to be increased to keep pace with nursing staff, which means a total of 1.13 million nurses.1 The number of nurses will increase this need to a total of 1.13 million.1 The number of nurses approaching retirement will have an impact on the lack of nurses and nurses.2 Historically, VIII. Nursing education has increased over the past century. But inflation has consumed 74% of committed funds.1 The health sector has slowed hiring only to replace nurses. Hospitals choose to hire experienced nurses and graduation degrees (BSNs). Older nurses delayed retirement due to the economic downturn in 2008. Health care under the Affordable Care Act and aging for Baby Boomers help Medicare increase the number of patients and therefore nurses needed.1 All these policies come together that lead to a critical shortage of nurse faculty and nurses. Nursing education should focus on hiring more nursing faculty to produce future nurses letting nurse faculty hamper the shortage of qualified faculty.1 Nursing education should be introduced and expand the nurse's faculty doctoral education. Expanding bridge programs to facilitate the transition to a BSN doctoral degree would increase younger nurses interested in a nursing faculty role. Faculty pay should be increased to better step in with other APRNs to help attract nurses to the nurse's faculty role. Finally, media attention should promote a valuable role in nursing faculty nursing and health. One con for each policy options funding Who will pay for the options? The alternative to accepting opportunities is the downward trend in health care. All policy options are to maintain quality healthcare and safety after 2022. Recommendations Reduce the cost of education for the future nurse faculty. Increase the recruitment of nurse faculty to address future nurse shortages. Increase financial support for bridge programs nurse faculty. Increase nurse faculty pay to get more faculty. Promote the role of the nursing staff in the media. Cost is a major factor in nurses delaying starting a doctorate from the University of Minnesota (UMN) Doctor of Nursing Practice (DNP) postbaccaluareate degrees that costs $899.77 per loan. This grade requires 55-90 credits of BSN or equivalent and 1,000 clinical hours. The UMN DNP's post Master of Nursing costs $893 per loan. This degree requires 35-45 credits. The PhD care program requires 60 to 70 credits, including 20 dissertation credits.4 A reduction in the out of pocket costs of doctoral education would allow faculty to obtain a degree. Another important factor in faculty shortages is the difference in the salaries of nurses with other doctoral degrees as described in the box.5 The author states that there is no conflict of interest. The Center for Health Policy and Media Engagement at The George Washington University School of Nursing is sponsoring a policy short series that focuses on health policies with significant nursing implications. Each brief report focuses on pressing policy issues, identifies the need for policy change or development and analyses the best policy options to address the problem. The short reports provide evidence and reports on promising policies/practices and approaches to address costs, access, quality and/or workforce related costs, access, quality and/or workforce problems related to care costs, access, quality and/or workforce. The selected shorts will be published on our website, coordinated with the journal, politics, politics, & nursing practices. We accept 5-10 peer-reviewed political shorts in the series. Each person or team whose short selected disclosure will receive a $1,000 fee if the short is published online. 2020 Publications Fry-Bowers, E. (2020). It's a matter of conscience. Germack, H. (2020) Providing access to treatment for opioid use disorder. Kozhimannil, K., Almanza, J., & Hardeman, R. (2020). and ethnic diversity in the nursing workforce: focus on maternity care. Ryan, J.E., McCabe, S.E. & Boyd, C.J.J. Cannabis: Politics, Patients and Service Providers. Duhaney, T. & Batchelor, M. (2020). Lack of payment for dental services leading to poor oral health. Uhland, N. (2020). Medicare and expanding immunosuppression drug coverage. Squires, A. (2020). Building language capacity to reduce health inequalities in American nursing and nursing midwives. Focus Welcome submissions from researchers and scientists, political analysts, industry experts, and health and health stakeholders. We are interested in a number of topics. Submissions clearly identify strong nursing implications. Health policy consists of a wide range of interests, industrial sectors, professions and disciplines. Prospectuses that support specific organisations or on behalf of their agendas or that do not go beyond aspirational statements are unlikely to be selected on invitation. The center is not partisan; informers shall reflect a balanced assessment of known issues on a subject, taking into account political, economic and organisational constraints and realities. Possible structure (flexible as long as it makes sense): The question and significance of Background Current Policy/Law Discussion is the issue of addressing the issue What's Next, and Policy Recommendations Timeline Currently does not accept submissions. Stay tuned for next term. Questions or Submissions Contact in Work off-campus? Learn About Remote Access Options Volume 67, Issue 1 First published: 16 January 2020 Funding: No funding has been received in connection with this work. Conflict of interest: Baroness Mary Watkins is co-chair of the Nursing Now campaign and Christine Beasley is a member of the Board of Trustees of the Burdett Trust for Nursing. Contributions to the study: All authors contributed equally to all parts of the study. Providing a framework for the preparation of policy briefings and a practical example of how to turn evidence into a concise document that informs policy and makes a difference to ensure universal health coverage. Policymakers are too busy or lack the expertise to read and hold complex scientific papers. As a result, the development and implementation of evidence-based policy policy briefings on key points are needed. A two-page example of evidence meta-analytical and regular reviews may also be presented in order to determine options and recommendations for addressing the serious global burden of diseases. The example uses a simple seven-stage template to develop a policy brief report. The basic characteristics of each section are available. The globally targeted factsheet provides information on the main challenges of treating people with diabetes. This document shows how existing research evidence should be used to address the UHC effort for a wide range of geographical, contingencing or disadvantaged groups. Gaps in universal health coverage and major disease burdens such as diabetes can be pursued by organizations such as nationwide-based Nursing Now groups. In addition, through the International Nurses' Day of the International Council of Nurses and the WHO regular regional meetings, there are continuous opportunities to inform and influence political discussions at national and sub-national level. By focusing on few global themes each year, measurable changes can be achieved in the treatment of the burden of the disease, while also maintaining a central stage in the contribution of the care profession. In accordance with Article 13 of the World Health Organisation (WHO, 2018a), the World Health Organisation (WHO) has been called on to take a decision on the implementation of the Together, these goals are called three billion targets (WHO, 2018a). These objectives are fully in line with many of the objectives of the Sustainable Development Goals (SDGs), in particular those set out in Article 3. Indeed, the WHO's forthcoming publication dealing with the current state of the world nursing (SOWN) profession will examine in detail the triple billion targets and determine the role that nurses can play in achieving them. The SOWN report also provides quantitative information on a number of factors relating to the nursing workforce in the Member States, including data on the types of nurses, their qualifications and regulations, as well as their practice and sex. In addition, the submitted data provide a basis for longer-term advocacy on how the profession can influence policy-making. To record this data, the WHO, the International Council of Nurses (ICN) and the Burdett Trust for Nursing are working with a wide range of nurses now programmes, a three-year campaign to raise awareness and status in the nursing world. Moreover, as to the pursuit and achievement of THE UHC, Benton and his contract identified the possibility of building on the available evidence by mobilising the profession to influence policy. This document provides a practical example of how the available evidence can be shaped influencing policy and taking forward changes to the implementation of THE UHC. Every year, the nursing profession celebrates the birth of Florence Nightingale on May 12. In 2020, 200 years since her birth, she sees a special holiday, with the WHO declaring it the year of a nurse and midwife. The WHO recognises that nurses and midwives make up nearly half of the global health workforce and play a critical role in many care environments (WHO, 2018b). In addition, the WHO has recognised that an additional 9 million nurses are needed by 2030 in order for countries to reach level 3. Based on the findings of the UN High Level Committee (2016), the WHO concluded that investing in nurses and midwives represents good value for money, resulting in triple returns on better health outcomes, better global health security and inclusive economic growth. However, it is important to recognise that many countries, regardless of their wealth, must ensure that value for money is achieved when maximum access to services is achieved. To do this, expenditure on health interventions should be informed on the basis of the best available evidence (Grimshaw & Hutchinson, 1995; Organisation for Economic Cooperation and Development, 2010). Therefore, two centuries ago, Nightingale was one of the founding contributions of the profession: evidence-based practice (Aravind & Chung, 2010; Mackey & Bassendowski, 2016). Sutherland and his mtsai (2013) stressed that legislators and political consultants sometimes have serious problems with the meaning of scientific documents. Accordingly, Sutherland and their author (in 2013) gave 20 tips on interpreting scientific evidence and simultaneously advised scientists to present their findings in a way that is easier for policymakers to understand. Sutherland and others (in 2013) pointed out that policymakers are not interested in science in itself, but rather in what it can do for the problems they face. Boyd (2013) also noted that while many documents go through peer review processes, they may not be rigorous enough to ensure systematic bias is eliminated and suggested that standards and verification procedures be applied to evidence before reliably informing the policy. In fact, this is why organisations such as the Cochran Collaboration and the Joanna Briggs Institute provide standard guidance on the synthesis of criticism and evidence (Handoll and others, 2008; Joanna Briggs Institute, 2015). Another challenge for legislators, and indeed the nursing community, is the sheer amount of evidence and opinion-based material being produced. Pan et al. (2018), looking at scientific production in general, highlighted that there is currently a 4% increase in annual published and a 1.8% increase in the annual published The combined effect is the doubly double of the work quoted every 12 years. Accordingly, if legislators are to receive and understand political messages, it is essential that the material is present succinctly and clearly. We therefore claim that, if care is to be heard, nurses must have the skills to prepare and communicate convincing policy briefings. Crisp (2019) highlighted the huge worldwide growth of non-communicable diseases such as diabetes. Benton and Mtsai (2020) confirmed that there is plenty of evidence to address the health challenge and that the WHO (2018c) has provided up-to-date information on its scale at both aggregate and national level. Furthermore, with diabetes as a role model, it is possible to demonstrate how nursing solutions can be used to simultaneously solve the four other dimensions that Crisp (2019) suggests should be addressed as part of the Nursing Now campaign. These dimensions include increased use of specialist and advanced practitioners, a shift towards primary care services, midwife contributions and an increased focus on health promotion, prevention and public health. According to Stoker & Evans (2016), it is important to note that political documents and shorts tend to be adapted to non-academic audiences that often lack extensive expertise on the subject. Policy briefings often focus on narrow topics that diagnose the problem, serve as an alternative, and, if there is sufficient evidence to support the final position, propose a solution (International Centre for Political Advocacy [ICPA], 2017). Always, the recipient of these shorts is looking for a clear, concise document that will generate awareness of the existing positions of the policymaker. ICPA 1, 2017). Table 1. Overview of the typical sections of the political short and related characteristics Chapters Characteristics Title The title should be concise and capture the most important content of the prospectus is intended to provide the information or decision, clearly defined Context This section should provide basic facts and rely on the available evidence, mapping the existing policy directions of each presented simple language options The balanced options highlighting both the positive and negative consequences of the proposed action and a realistic estimate of costs or benefits should be documented, together with the relative risks or limitations that may be associated with recommendations for different options, Clear recommendations that are sensitive to current and foreseeable circumstances and aware of existing policy priorities, and indicate how recommendations can be References All key documents used as the source of the facts contained in the briefing shall be clearly indicated in this section, depending on the preferences of the person or group being informed, and may require written briefing and briefing by oral or computer broadcast (using slides, audio podcasts or short videos). Regardless of the format, the same material shall be covered. It is also important that the writer of short is fully aware of the current policy direction the individual or organization receives in short. Political positions can change quickly. As a result, it is important to define the current situation early and to make the assumptions underpinning the short (ffrench-Constant, 2014). Typically, the policy information will not be more than one or two pages. Particularly complex, controversial or highly visible issues may require a longer, more elaborate document. However, even in these circumstances, the length of the page is limited to three to eight pages, and all additional technical details are added to one or more appendices (ICPA, 2017). The timing of the briefing depends on whether the intention is to provide information and advocacy on an issue or to inform an upcoming debate on a subject. If the former, the short can be delivered months or even years of political change. In such cases, the advocate of the position may repeatedly visit the decision-making body as a means of building trust in the lawyer or to determine whether the policymaker has any questions or concerns that can be alleviated by the provision of additional information. In cases where a minister or other government official wants to make a decision, they should tell policymakers in due course to clarify, but not so far ahead, that they will have to reconsider the material later. In our experience, the 48-hour implementation of policy briefings before any decision or substantive debate is sufficient to make the decision-making ta- In general, when drawing up the short report, the coverage would be consistent with the geographical focus of the organisation being informed. Geographical focus can range from global, regional, country, county, or even smaller units, such as cities, organizations, or community groups. Short writing tailored to the decision-making authority's responsibility/political authority is of the utmost importance to ensure the relevance of advice to the present problem. Ideally, authors should be familiar with the information type and format preferences of the individual they wish to inform (ICPA, 2017). The more the briefing is aligned with the layout and style preference, the more likely you will be in being the most important points in the whole. Finally, it is important to consider and appreciate how the briefing came in. Did it meet the needs of the main recipient? Authors should pay attention to the issues raised and determine whether further development should be added if the briefing is repeated (ICPA, 2017; Box 1). Solutions to better access and improve the cost burden of growing global health problems related to non-communicable disease (NCD) and reduce cost burdens. Diabetes is a chronic, serious disease that occurs when the pancreas produces insufficient insulin (the hormone that regulates blood sugar levels) or when the body is unable to use insulin1, 2. Diabetes is on the rise and is no longer a disease that is predominantly prevalent in affluent countries, as middle-income countries bear the most marked increase in prevalence3. Between 1980 and 2014, the estimated number of adults with diabetes jumped from 108 to 422 million1. The disease affects 8.5% of the adult population – or 12 out of 12 people2. Uncontrolled diabetes has significant adverse consequences for health and good established, including blindness, hypertension, peripheral nerve damage, increased risk of stroke and heart attack, kidney failure and risk of lower limb amputation2, 4-6. With rising levels of obesity, gestational diabetes is also increasing and puts both mothers and infants at increased health risk6. These burdens of disease can affect individual and family finances and national economies5. By extending the scope of nursing practice, prescribing nurses can be achieved in a cost-effective way of improving patient outcomes7. Many countries have pledged to reduce premature deaths of NCDs, including diabetes, by 33% by 2030. Tactics include reaching out to UHC and ensuring access to affordable essential medicines1. Data from the United States show that diabetes is 17% more common in rural areas than in urban areas3. Effective approaches to the treatment and prevention of diabetes and related complications are available5. Nurses and midwives can provide cost-effective and effective interventions in all environments and geographical areas, which include advice on regular physical activity, healthy eating, smoking avoidance and blood pressure control, which can be delivered effectively7. When applied to entire populations, these interventions lead to an improvement in the health of diabetics and those in good health8. Interventions have a low potential for adverse and a wide range of nurses and midwives can walk them7. Extending the scope of the caregiver and midwife, including prescriptive empowerment, will facilitate the provision of targeted, nurse-centred, person-centred care focusing on preventive and cost-effective treatment in the disease-9. Nurses and midwives are geographically more divided than doctors and can increase access to services in remote and rural settings if they are able to get into the full scope of the practice7, 10. However, the full practice of nurses often faces resistance from other health professionals who feel nurses are invading their territory, as well as outdated legislation that impose vertebrate barriers9. In order to reduce premature death and to make positive and timely progress towards improving the effectiveness of healthcare, both options should be implemented se se se securrently or simultaneously. The first option can be further developed by encouraging the profession to follow these steps and ensuring that regulatory bodies adapt the curriculum content of programmes by applying rules to adequately cover preventive aspects of care. Article 2(2) shall be replaced by the following If so, the government should prioritise time spent on the legislative agenda to facilitate the rapid development of targeted, funded, nursing-focused, person-centred services, with the aim of increasing access, improving quality and reducing costs. Both options are supported by strong WHO2 evidence7, 10 and authoritative recommendations. 1 World Health Organisation (2018) Country profiles of non-communicable diseases (2018). 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The example in this document is framed globally, but the subject can be easily reworked to address a specific country, state or province, or even a small community-based needs assessment (Evans-Agnew and others 2016). The 2019 UHC monitoring report also highlighted the need to examine subgroups instead of aggregated data (WHO, 2019). The WHO (2019) report specifically highlights that while a country's national performance may look good, this average level of performance may hide the geographical pockets of inequality, gender differences or disadvantaged groups where more targeted responses are needed. Indeed, nurses have been shown to be ideal and able to address health inequalities (Heller and al, 2017; National Advisory Council for Nurses' Education, 2016; Sawyer and his mts. Accordingly, this can be a particularly strong force in emphasising support for policy solutions led by nurses. Benton and Mtsai (2016) noted that nurses should look for opportunities at an individual organisational level in terms of influencing policy. Benton and his men (2016) argued that such opportunities, especially at ward or class level, provide nurses with development experience to test and hone their political advocacy skills. Furthermore, the impact of such activity at each organisational and sub-organisational level may have a near immediate impact on the role that the profession plays in providing person-centred care (Ghebrehiwet, 2011). Recently, Benton and others (2020) have demonstrated that a number of materials are available in the form of metaantic, systematic and integrative reviews that can be used to prepare policy briefings on topics that support the achievement of UHC and other major countries, as well as a wide range of issues relevant to addressing today's health needs. As the WHO (2019) monitoring report states, although some success has been achieved in achieving UHC progress is still too slow. Accordingly, the WHO (2019) report strongly and transport interventions through services led by primary care. Of course, there is overwhelming evidence that nurses can provide quality preventive services efficiently and effectively (Browne and his mts. 2012). Care has repeatedly been shown to be better placed than other disciplines to reach rural and other external communities, where health inequalities are often more common (Gorski, 2011; Heller and his mtsai, 2017; National Advisory Council on Education and Practice for Nurses, 2016). It is also important to note that nurses have already indicated their willingness to actively participate in the treatment of non-communicable diseases such as diabetes (Decola and mtsai. 2012). Although this document focused on how to develop a policy short of targeting high-level policymakers who need to make a decision at any given time, it is also important to remember the power of role models, images and narrative. Statistics are important, but stories and images of the human impact of the proposed solution can bring the facts to life and be highly effective additions to the briefing (Stoker & Evans, 2016). This is particularly the case if the purpose of the prospectus is to initiate a dialogue and propose a new position that has not previously been addressed (JR McKenzie Trust, 2011). Organizations such as the ICN often provide illustrative examples of work that nurses do across different populations, geography and services. Crisp and their co-authors (2018) used the examples effectively in their monograph launched at the 2018 World Innovations Summit for Health to illustrate a wide range of innovative approaches nurses use to manage UHC. These stickers, coupled with infographics, have a long history that dates back to the work of Nightingale when he used the polar area chart to document the causes of death during the Crimean War. Such techniques and stickers provide effective confirmation of the written word (Benton and mt. 2019). Reports related to well-researched meta-analysis and regular reviews, as well as tables of supporting evidence, can result in publications of well over 100 pages. Churchill once apologized for the length of one of his letters, saying it would have taken more time to write a shorter version. Reducing the multitude of evidence into two-page briefings is not an easy task, but a task that is essential to turn research into political action (ICPA, 2017). Education and practice can help develop information skills that provide succinct, effective information to decision-makers, allowing them to develop a timely, evidence-based policy (Stoker & Evans, 2016). These important if the hard work of nurses is to shape practice and improve the health of the population (Jacobs and his mts. 2012). This document shows how existing research evidence can be used to develop materials that can be used to Change. The global focus on nursing and midwives triggered by the two hundred-year celebration of the birth of Florence Nightingale and the global campaign for Nursing Now, is the potential to influence policy on improving UHC actions through the nursing profession has improved. Treatment of UHC deficiencies and serious disease burdens such as diabetes can be achieved at an individual level or through organisations such as national nursing now groups, which have evolved to bring nursing advocacy and policy expertise to the fore. In addition, there are continuous opportunities, for example, on the ICN's annual international nurses' day, through who regular regional meetings and political debates at national and sub-national level, to put their expertise on the policy table. By focusing on a small number of topics each year coordinated by organisations such as the IBB or the International Midwives' Federation, which address issues on the agenda of the World Health Organisation Assembly, measurable changes can be made to address the burden of the disease, while also focusing on the contribution phase of the care profession. This requires the continuous production and synthesis of UHC and evidence to achieve sustainable development. To do this, we effectively offer one final comment, borrowing the title of a paper wong et al. (2008) who looked at delaying diabetic retinopathy. 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