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Nursing Education And Patient Care Management In Bangladesh: A Concept

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ABSTRACT

Nursing education is a professional education which is consciously and systematically planned and implemented through instruction and discipline and aims the harmonious development and aesthetic powers. Nurse education consists of the theoretical and practical training provided to nurses with the purpose to prepare them for their duties as nursing care professionals. This education is provided to nursing students by experienced nurses and other medical professionals who have qualified or experienced for educational tasks. Nurse education also provides post-qualification courses in specialist subjects within nursing. Patient care is the core responsibility of a nurse. They have to assure that the patient is given the best possible care. In hospitals or any other medical institution, the doctors and nurses take care of their patients very carefully. They are responsible for answering any patient questions and always ensuring their basic needs are taken care of. Many organizations have come up to offer better patient care. They have developed guidelines on what is the meaning of patient care. Hospitals also have a committee that reviews all the policies and procedures regarding patient care. All this has made us realize that what is the meaning of patient care is not only for the doctor or the nurse but it is of utmost importance to the patient as well. However the present study has conducted to explore the history of nursing education in Bangladesh and to identify the concepts regarding patient care management in Bangladesh. The study was documentary analysis type. Data and information were collected from secondary sources such as books, research report, journals, websites, magazines, internet etc. The study recommended that Nurses must keep their professional knowledge and skills relevant and up-to-date through self-learning, in-service education, practice, higher education, and quality management including accountability. It leads to lead consumer satisfaction. A better image of nurses would logically follow when people in the society recognize the value of nursing care and that would result enhanced salary and status. Nurses should practice to the full extent of their education and training. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression. Nurses should be full partners with all health professionals to redesign health care in Bangladesh. To become a registered nurse in most countries, former education with more extensive professional training is required. Many countries have introduced several theoretical and practical training for nursing students in hospitals, or via a pre-registration nursing programme at a university or college. Nursing students, thus educated and trained, demonstrate higher competency in nursing practice, communication, leadership, professional integration, and research/evaluation. By prioritizing informed consent, effective communication, and patient satisfaction, healthcare providers can deliver patient-centered care that respects patients' autonomy, promotes shared decision-making, and ultimately leads to better health outcomes and improved patient experience.

Key words: Patient care, Management, Nurse, Patient, Doctor, Education, Consumer satisfaction, Professionalism.

INTRODUCTION

Nurses are one of the main care providers in the health care system. Nurses form the backbone of health care services representing over 50% of the health professionals Student nurses are the foundation of nursing services. But, they are facing their problem at academic, clinical and community level. So, every year a number of student nurses drop their study that develops shortage of future nurse in our country.

[Source:https://www.assignmentpoint.com/science/medical/problems-faced-by-students-of-nursing-institutions.html)

At present there are 2,213 public and private hospitals with a total capacity of 51,684 beds. There is only one bed for 2,665 people, one doctor for 3012 patients and one nurse for 6342 patients in the country according to government estimates. WHO launched the "Strategic Direction for Strengthening Nursing and Midwifery Services 2002-2008" (Resolution 54.12) targeting 5 main areas to scale up and enhance the development of nursing and midwifery services to respond to health needs on the basis of sound scientific and clinical evidence. [1]

Nursing Education is based on modern trends and developments in medical, health, social and educational sciences in order to keep pace with the changing needs of society and advanced technology. The education process involves knowledge application, development of psycho-motors skills and subsequent change in attitude and behavior in the desired direction. The development of moral values (e.g. Responsibility, Honesty, Loyalty, etc.) is an important component of helping nursing students to become efficient nurses and good citizens. Helping nursing students to achieve their highest potential, both personal and professional, enable them to help themselves, their profession and society. Nursing Education is a dynamic, continuous learning process of acquiring nursing and midwifery knowledge and skills that bring about change of student behaviors. Nursing education requires active and life-long learning and new learning builds on previous knowledge and experience. Learning is in nursing educations best achieved when student is motivated and ready to learn, where student's dignity is respected; teaching strategies and learning experiences are carefully selected to facilitate critical thinking; and professional or clinical role modeling is offered. [2]The Nursing profession in Bangladesh has reached at sustainable level. This profession has demonstrated its will to succeed in a creditable force within the health care team. Nurses of Bangladesh are now ready to contribute in improving the quality care of clients for the achievement the goal of the National Health Services. The registered nurses are working in public & private sectors in different posts & position in different Hospitals, Colleges & Institutes from primary level to tertiary level of health care delivery system of Bangladesh. [3]

There are 46 nursing institutes in the government sector and 26 private Institutes are offering three years Diploma in General nursing and one year Diploma in Midwifery/Orthopedic. The total intake of students is 2835 each year based on a central admission system. There are seven Colleges of Nursing affiliated to different university of Bangladesh offering four years Bachelor of Science Degree (B. Sc) in Nursing with a total of 700 seats. 3 Post-basic Colleges of Nursing (Student intake –125). Total enrollment of B. Sc Nursing and post-basic B. Sc. Nursing students are 1075 per year each year to prepare professional nurses with leadership, management and teaching abilities.Attracting qualified people into nursing is the first step in ensuring that adequate numbers of registered nurses (RNs) are available to meet the needs of hospital patients. The assessment and supervision of student nurses during clinical placement remains a complex activity. The student needs to be assessed thoroughly to identify his or her strengths and weaknesses. Further, this assessment should be conducted in circumstances which allow the student to be at his or her best. [4]

[1]Nursing and midwifery services. [Downloaded on September 12, 2010]; Available from: URL http://www.whoban.org/nursing_midwife.html)
[2]Bangladesh Nursing Council. Diploma in Nursing Science and Midwifery Curriculum 2009.Technical assistance by BAN OSD 002 (NUR), World Health Organization.
[3]Directorate of Nursing Services. Present scenario of Nursing in Bangladesh: Nursing Services and Nursing Education. [Downloaded on September 12, 2010]; Available from: URL http://www.mohfw.gov.bd/index.php/directorates-and-other-offices/dns
[4]Kevin J. Problems in the supervision and assessment of student nurses: Can clinical placement be improved? Contemporary Nurse (2006). 22 (1); 36-45. [Downloaded on September 12, 2010]; Available from: URL http://www.atypon-link.com/EMP/doi/abs/10.5555/conu.2006.22.1.36

OBJECTIVES OF THE STUDY

The Objectives of the study are as follows:

1. To explore the history of nursing education in Bangladesh.
2. To identify the concepts regarding patient care management in Bangladesh

METHODOLOGY OF THE STUDY

The study was documentary analysis type. Data and information were collected from secondary sources such as books, research report, journals, websites, magazines, internet etc.

RESULTS AND DISCUSSION

1. Historical background of Nursing Education

During past decades the changes in education have replaced the more practically focused but often ritualistic training structure of conventional preparation. Nurse education integrates today a broader awareness of other disciplines allied to medicine often involving inter-professional education and the utilization of research when making clinical and managerial decisions. Orthodox training can be argued to have offered a more intense practical skills base but emphasized the handmaiden relationship with the physician. This is now outmoded and the impact of nurse education is to develop a confident inquiring graduate who contributes to the care team as an equal. In some countries not all qualification courses have graduate status.

Traditionally from the times prior to Florence Nightingale nursing was seen as an apprenticeship often undertaken in religious institutes such as convents by young women although there has always been a proportion of male nurses especially in mental health services. In 1860 Nightingale set up the first nurse training school at St Thomas Hospital in London. Nightingale's curriculum was largely base around nursing with instruction focused upon the need for hygiene and task competence. Her methods are reflected in her Notes on Nursing (1898). Some other nurses at that time notably Ethel Gordon Fenwick were in favor of formalized nursing registration and curricula that were formally based in higher and not within the confines of hospitals. Nurse education in the United States of America is conducted within university schools although it is unclear who offered the first degree level program. So far as known Yale School of Nursing became the First autonomous School of nursing in the United States of America in 1923. In Europe the University of Edinburgh was the first European institution to offer a nursing degree in 1972. Then a couple years down the track in 1974 La Trobe University commenced the very first nursing course in Australia.

2. Historical Development of the Bangladesh Nursing and Midwifery

Pre-liberation (before 1971)

Before partition nurses were being trained from three Junior Nursing Schools under the Bengal Nursing Council. The first professional Senior Nursing School was established in 1947 at Dhaka Medical College Hospital, Dhaka and managed by few Sister Tutors, Sister and Staff Nurses from Madras and India. The post of Superintendent of Nursing Services was created at that time under the Ministry of Health Pakistan. A British Nurse who was the Metron of Dhaka Medical college Hospital worked as the Superintendent of Nursing Services. After partition of the East Pakistan the Nursing Council was established and the Superintendent of Nursing Services became the acting Registrar of that Council. In 1949 a group of nurses were sent to England for basic training on return they were posted in leadership positions in the Nursing Service section. In 1950 the then Govt. offered fellowships to nurses for studying abroad. The WHO started their technical assistance onnursing in 1952 as a result the educational programs were upgraded.

The East Pakistan Nursing Council was fully constituted in 19524 as a regulatory body for Nursing education and Services. After liberation it was renamed as the Bangladesh Nursing and Midwifery Council. In 1956 the College of Nursing was established in Karachito offer post-basic Diploma in Administration and Teaching. Fewnurses were sent over there to have those programs. Later on selected nurses were sent to have B.Sc. and M. Sc. degrees from Boston University USA under the USAID fellowship program. In 1960 the Junior Nursing Training Schools were abolished and in between 1962 and 1970. The Senior Nursing Training Schools were established attached to eight Medical College Hospitals to provide Diploma in Nursing and Midwifery. The College of Nursing Mohakhali Dhaka was also established in 1970 to offer post-basic Diploma in Administration and Teaching. During 1970-71 Senior Nursing Schools was further established attached to 12 District Hospitals and started crash program

without having any sanctioned posts for Sister Tutor's physical facilities and teaching- learning resources. The students' teachers and the teaching-learning resources had to be borrowed from other schools institutes to start these Schools. However the number of nurses was increased at 600 in 1970 from 50 in 1947.

Post-Liberation (Since 1971)

Prior to the creation of the Directorate of Nursing Services, the former Director of Health Services had managed the Nursing Education and Service Sector. There was a section headed by a Superintendent of Nurses in the Directorate of Health Services to look after the business of Nursing Education and Services. The Superintendent was a very Junior Officer in the Directorate of Health Services. After liberation the number of Hospitals Medical Colleges, Nursing Schools Institutions; Doctors, and Nurses had been increased to meet the growing demands of health care services. In addition, many development projects were undertaken by the 1overnment to meet the growing needs of the nation, but it was not possible for the then DGHS to give due attention required by the Nursing Sub-sector equally with Medical sector. Consequently nursing matters were delayed in being presented to the Ministry of Health & Family Welfare.

3. Present Nursing education in Bangladesh

There are two forms of pre-service education in nursing; one is Diploma in Nursing with 1570 seats and another is B.Sc in Nursing with 700 seats. In addition to pre-service education, the scope of in-service (post-basic) education for building the capacity of nurses as nurse manager; nurse teacher; nurse administrator and nurse leader is available in 4 Colleges with 500 seats. These are College of Nursing, Mohakhali, Dhaka; Bogra Nursing College, Bogra; Fouzderhat Nursing College, Fouzderhat, Chittagong; and Khulna Nursing College, Khulna. The scope for foreign students are (05 seats) available only in College of Nursing, Mohakhali, Dhaka.

A. Pre-service Education:

A.1. Diploma in Nursing

There are 43 Nursing Institutes with 1570 seats are operationalized and providing 3-years Diploma in Nursing Science and Midwifery course since 2008. In meeting the demand of the country approval has already been obtained from the ECNEC for establishing 05+02 more nursing institutes (it is also included in the RPIP) where 250 seats will be available for admission. Beside these 50 seats are available in Armed Forces Nursing Institute and 1520 are in private NIs (39 NIs).

A.2. B.Sc in Nursing

Nursing Institute attached to Dhaka Medical College Hospital; Mymensingh Medical College Hospital; Rajshahi Medical College Hospital; Chittagong Medical College Hospital have been upgraded to Nursing Colleges and providing 4-years B.Sc in Nursing since 2008. Other 3 (Three) attached to the Medical College Hospital, Barisal; Medical College Hospital, Rangpur; and Medical College Hospital, Sylhet have also been upgraded to Nursing Colleges and providing 4-years B.Sc in Nursing since 2011. A total of 700 seats are available for the candidates having H.Sc with science background. There are 12 Nursing Colleges in the private sector also opens the scope for 365 students to study 4-years BSc in Nursing.

B. Post -Basic (In-service) Education:

The College of Nursing with 125 seats was established in 1970. It has been affiliated with the Dhaka University under the Faculty of Medicine in 1977 as a constituent College for the B.Sc in Nursing and BSc in Public Health Nursing Degrees. There are other colleges at Bogra, Khulna and Fowzderhat with 375 seats (among them 475 are for home and 5 for foreign students) started the same programme from 2011. Approximately 1500 nurses have been qualified with B.Sc. in Nursing and Public Health Nursing from the College of Nursing since its birth.

The affiliated hospitals for clinical practice include Dhaka Medical College Hospital; The National Institute for Cardio-Vascular Diseases; The Institute of Diseases of the Chest and Hospital; National Institute of Cancer & Research; Institute of Child and Maternal Health, Matuail; BIRDEM; Drug Addiction Hospital, Tejgaon; Paediatric hospital; Ad-din Hospital; and National Institutes of Kidney Diseases and Urology. In addition to these, students are also been placed in the communities for community practice. Having the B.Sc. Degree few nurses get the chance of promotion either in education or services sector.

Specialized Course:

The specialized course on CCU; ICU and Cardiac Nursing is available in the National Heart Foundation, Mirpur. The opportunity is open for 20 nurses only. Rehabilitation Nursing is available in BHPI (CRP), Savar. The scope of having this course is limited for 20 nurses only.

4. Challenges of Nursing Education

a. Access to essential medicines

Access to essential medicines is lacking in many developing countries. An estimated 1.3 to 2.1 billion people worldwide have no access to essential medicines. According to a 2011 study, about one third of the world population lacks regular access to essential medicines. Only 10% of pharmaceutical research and development spending is directed to health problems that account for 90% of the global disease burden. A small number of companies dominate global production, trade, and sale of medicines. Ten companies account for almost half of all sales. However, "Inequity in access to essential medicines is part of inequity in health care." An expert consultation on access to medicines recommended in 2011 that "From the right to health perspective, access to medicines must be equitable. Additionally, more research and development is needed to promote the availability of new drugs for those diseases causing a heavy burden on developing countries. High pricing is another factor that hinders access to medicines. Companies that develop new medicines are often granted a patent, which permits that company to be the sole manufacturer of that medicine for a designated period of time. The expert consultation on access to medicines explains: While intellectual property rights have the important function of providing incentives for innovation, they can, in some cases, obstruct access by pushing up the price of medicines. The right to health requires a company that holds a patent on a lifesaving medicine to make use of all the arrangements at its disposal to render the medicine accessible to all.

Access to essential medicines is considered an integral part of the right to health. However, 60 countries do not recognize the right to health in their national constitutions and more than 30 countries have not yet ratified the International Convention on Economic, Social, and Cultural Rights. General Comment 14 says that States must make public health and health care facilities available, including "essential drugs, as defined by the WHO Action Programme on Essential Drugs." 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).

b. Aligning education with the practice environment

Nursing education has a significant impact on the knowledge and competencies of nurses, all health care providers. Nurses with Bachelor of Science in Nursing (BSN) degrees are enabled to meet various patients' needs; function as leaders; and advance science that benefits patients and the capacity of health professionals to deliver safe, quality patient care (Institute of Medicine, 2011).

The Bangladeshi healthcare system is becoming progressively more complicated; prospective nurses will encounter a highly challenging healthcare practice environment. The 20th century has been marked with

various health care system modifications; due to recognized failures in Healthcare System as the Bangladeshi health care system is varied and unrestrained with disintegrate funding (El-Jardali et al., 2014).

Utilization of healthcare information technology (IT) is predicted to persist in expanding considerably. Medical schools, institutions, practitioners and students will all need to cultivate techniques for dealing with the abrupt amount of new information, concepts and skills (Jamshidi et al. 2012). It might assist with safer care when technology is used, but it will also demand monitoring, synthesizing and managing larger volumes of data for the patients allocated to their care. The challenging role of the prospective nurses will demand that a Registered Nurse acquire a widened knowledge base, command of skills and proficiencies that will enable the delivery of a highly complex patient care in cooperation and collaboration with an inter-professional team (Reinhard & Hassmiller, 2012).

c. Curriculum enhancement

Continuous curricular modifications are an essential phenomenon in nursing academia in order to level learning with the rapidly evolving professional practice. Faculty members gain insight on the students' feedback on their clinical placements by the end of each semester through individual and group discussions using Interpretive Descriptive qualitative research methodology. Nursing programs aim to prepare nurses who are able to deliver safe and high quality care and would be able to adapt to the evolving environments of practice. Nursing pedagogues endeavor to expose the students to various learning experiences to make sure that they receive their information through multiple channels and would have access to the best available evidence. This strategy takes a lot of time and energy from the nurse educators, and might face multiple challenges (Landeen et al., 2016).

d. Nursing as part of an integrated healthcare workforce

There is proof that inter-professional healthcare training methods can be powerful in enhancing patient health results and decreasing healthcare expenses; Scientific research proclaims that inter-disciplinary cooperation results in various positive consequences, in both acute and primary care settings (World Health Organization, 2010). Powerful cooperation and team harmony yield higher patient contentment, lesser hospital retention, reduced medical errors, enhanced patient health results among individuals with chronic illnesses and a diminished mortality rate of hospitalized patients (World Health Organization, 2010).

Yet, there are various obstacles to instituting effective incorporated teams, including a lack of shared perception of tasks and inter-professional practice among providers. To function coherently as members of these teams, students need to be prepared to deliver inter-disciplinary care and to take part in inter-professional teams (Bridges, Davidson, Soule Odegard, Maki, & Tomkowiak, 2011). Moreover, the healthcare system must be capable of expanding promptly beyond feasible capacity. Providing effective healthcare services to populations demands a well-trained and collaborative healthcare workforce. Because nurses make up the density of the group of professionals within the healthcare workforce, they are essential to the efficient conveyance of all healthcare services. Meeting the necessities for nurses during public health emergencies would be difficult today because of a wide gap of nurse shortages and would be increasingly burdensome in the future, when considerably greater shortages are expected.

e. Faculty development challenges

Quality education relies largely on well-trained and competent faculty members. Faculty development and faculty vacancies are demanding challenges in nursing education. Inadequate capacity in nursing schools, increasing requirements to take part in non-academic university activities and relatively low pay are a primary contributing factor to the deficit of nurses and the lack of nursing faculty is a primary causative factor of the capacity restrains. Educators need practice to allow them to integrate theory into practice through synchronization of theoretical themes with the practice courses as well as evidence-based educational strategies more effectively and equip nursing students with the competencies demanded in the 21st century's healthcare environment. Nursing schools demand faculty members who are experts in nursing education and have the knowledge base to function in an advanced practice role. Furthermore, deans of schools of nursing are demanded to applaud these experts and act to cultivate systems that celebrate and reward expertise in nursing education (Bvumbwe, 2016).

f. Technological challenges for nursing education

Technology has significant influence on our lives, on practice, education, management and research. In nursing education, outcome oriented education is currently being highlighted rather than process-based learning, for instance through skill-based techniques; evidence-based techniques in education; providing students a rich learning journey unlike former models of formal lecturing; and incorporating evolved learning technologies in many programs. All these styles share one major challenge: how we merge the art and science of caring together with the easily accessible technology, so that caring persists to be converged on humans.

Educational technology is the employment of evolved models of technology to ease the educational journey and for the former decade, this has incorporated using web-based education in both live classes and classes uploaded to the internet for later access by learners (Huston, 2013). It also involves electronic references, such as e-books, a multitude of internet-hosted material, computer access and broadband internet services within class and IT rooms, smart-boards, video-conferencing and so on.

Educators have a double-edged role: to include the appropriate employment of technologies in education and train nurses to employ technology in clinical practice. Despite the changes taking place in the nursing milieu, nurses still serve at the center of health care system. Therefore, nurses must be properly trained to care for the human spirit, cultures and societies, educated in both the scientific and technical aspects of care and who provide holistic caring.

g. Cultural diversity in nursing education

There is a need for enhancing the diversity within the nursing profession in light of the increasing influx of immigrants, minorities and the expanding globalization, in order to satisfy the demands of our evolving community. Yet, various obstacles face the accomplishment of diversity outcomes within the nursing educational programs. As Quintana and Lightfoot (2016) have proposed, diversity stimulates educators who are attempting to enhance student learning and achievement. Some nurse educators hold that diverse students demand excessive energy and time. Dealing with diversity can also be depicted as an opportunity where working with the demands of diverse students can be an educational venture as well as a prospective advancement in the future of nursing. Knowing how to properly deal with diverse students is actually time and energy efficient and promotes the advancement of knowledge through assessment and conforming course objectives and strategies to satisfy the variable acknowledged demands of the students. As student needs are evaluated and addressed more effectively, less time will be needed to clear up confusion and anger, less time will be spent in remediation and less energy will be spent on frustration. Thinking “out of the box” in order to accommodate the necessities of the diverse students is demanding, where there is no ideal thinking methodology. Yet, the advancement lies in actually realizing that there is a cognitive barrier that we want to cross. When the necessities of some students are tackled creatively and innovatively, the academic climate is predicted to be enhanced. Nursing educators have to socialize the students into the cultural context of the nursing practice system. Addressing the advantages, disadvantages and benefits of dealing with a diverse group of students, depicts a profound impact on the prospects of nursing practice (Bednarz, Schim, & Doorenbos, 2010).

h. Economic challenges

Tuition fees pose obstacles to prospective candidates where the economic depression in the US and regression in financial aid programs have changed the student’s study plans. In 2009, 15% of post-graduate nursing academic programs have recognized financial status and costs of the programs as barriers of enrolling in such programs (National League for Nursing, 2011). Moreover, program location can be a hindrance to nurses who are place bound by responsibilities to support family and provide income. Nursing programs are less available in rural areas despite the increased and crucial necessity of such programs in such areas, where nurses have to be satisfied with longer shifts for less pay (Fitzgerald, Kantrowitz-Gordon, Katz, & Hirsch, 2012). Furthermore, nurses who are employed in hospitals find it difficult to continue their educational career and specialize in certain areas of nursing, as employers usually have to pay replacement fees to in order for them to attend their classes thus posing an added economic challenge.

5. Definition of Patient care

Patient care refers to the prevention, treatment, and management of illness and the preservation of physical and mental well-being through services offered by health professionals. Patient care consists of services rendered by health professionals (or non-professionals under their supervision) for the benefit of patients. A patient is a user of health care services whether he or she is healthy or sick.

Patient care begins by explaining what "patient" means and what medical practice is. Medical practice is the act of providing health services to those in need. There are different types of health services practiced. One is the medical diagnosis and another is the treatment or health service itself. In the medical field, the patient is one of the most important people involved.

Patient care ensures that the patient is kept happy and comfortable with their wellbeing in mind. It is their right to be treated with dignity and care, and they have the right to have their privacy maintained. All the records regarding the treatment should be maintained so that when the patient needs to consult the doctor he can produce his records. The staff should be aware of the different procedures that are to be followed and they should be trained to execute them properly. When we speak about a patient, we are talking about a human being, a person whom we take care of every day without any personal or subjective judgment. Certain characteristics define a patient. The person may have a disease, physical impairment, or anything else, but all require patient care founded in appreciation for each other as humans. Patient care, ultimately, comes from the heart. Patient care refers to the prevention, treatment, and management of illness and the preservation of physical and mental well-being through services offered by health professionals. Patient care consists of services rendered by health professionals (or non-professionals under their supervision) for the benefit of patients. A patient is a user of health care services whether he or she is healthy or sick.

6. Ways of improving patient care

Improving patient care has become a priority for all health care providers with the overall objective of achieving a high degree of patient satisfaction. Greater awareness among the public, increasing demand for better care, keener competition, more health care regulation, the rise in medical malpractice litigation, and concern about poor outcomes are factors that contribute to this change.

1) Non-medical Aspects

The fact that the patient is the most important person in a medical care system must be recognized by all those who work in the system. This single factor makes a significant difference to the patient care in any hospital. In developing countries financial constraints often lead to compromised quality of care. This can be corrected by the introduction of management systems that emphasise cost recovery. Our experience shows that a system should first be developed to attract patients who can afford to pay for high quality services and such a system should then be extended to non-paying patients. This system has the advantages of high quality care and good cost recovery. Some of the issues that need to be addressed to improve patient care are listed below.

a) **Access**. Accessibility and availability of both the hospital and the physician should be assured to all those who require health care.

b) **Waiting**. Waiting times for all services should be minimized. In most developing countries, the high demand for services often makes this a huge problem. Nevertheless, it has to be addressed effectively through continual review of patient responses and other data and using this feedback to make the necessary changes in systems.

c) **Information**. Patient information and instruction about all procedures, both medical and administrative, should be made very clear. Well trained patient counselors form an effective link between the patient and the hospital staff and make the patient's experience better and the physicians' task much easier.

d) **Administration**. Check-in and check-out procedures should be 'patient friendly'. For example, for in-patients, we have instituted a system of discharging patients in their rooms, eliminating the need for the patient or the family to go to another office or counter in the hospital and waiting there for a long time. This has been favorably received by patients.

e) **Communication**. Communicating with the patient and the family about possible delays is a factor that can avoid a lot of frustration and anxiety. The creation of a special 'Patient Care Department' with a full time Administrator has helped our institution significantly and has enhanced our interactions with patients and their families.

f) **Ancillary Services**. Other services such as communication, food, etc. should be accessible both to patients and to attending families.

2) Medical Aspects

The medical aspects of patient care are much better understood by most health care providers. This is dependent on the quality of medical and technical expertise, and the equipment and quality assurance systems in practice. The following factors contribute to the improvement of patient care.

a) **Trained Personnel.** A well-trained 'Eye Care Team' is critical to providing high quality care with desirable outcomes. Lack of adequate personnel and lack of adequate training facilities for the available personnel are major problems. The temptation to recruit untrained or poorly trained people should be resisted. The number of training programmes must be increased, and the existing programmes must be improved. Making a uniform basic curriculum available for all training institutions/programmes should help bring about standardization.

b) **Quality Eye Care.** There is significant concern about the outcomes of cataract surgery, and other common surgical procedures. Incorporation of quality assurance systems in every aspect of patient care is critical. For example, adherence to asepsis in the operating rooms will help reduce post-operative morbidity and proper training of ophthalmologists in diagnostic techniques will help achieve better control of sight-threatening diseases.

c) **Equipment.** All the necessary equipment must be in place and properly maintained. This is vital to the performance of the medical system and contributes significantly to better results. Eye-care equipment of acceptable standards is now available at reasonable prices, and this must be accompanied by appropriate maintenance systems.

d) **Use of Proper Instruments.** Good quality instruments are now available at lower costs. With the development of proper inventory control systems for a given operation, the costs can be lowered.

e) **Use of Appropriate Medications.** Access to low cost medicines is an absolute necessity for appropriate care.

f) **Use of Newer Technologies.** It is important to continually employ newer technologies that improve the quality of care. Of course, this must be done with reference to cost-efficiencies.

7. Patient care management

Patient care management is a program that involves comprehensive health services to assist patients in managing their health, including primary care practices like scheduling appointments to short-term case management and chronic illness care management.

Care management plans enhance care coordination, allowing patients to control universal healthcare needs better when adhering to simple directions from trusted clinicians and caregivers. Patient care management supports the development of healthcare models that provide the best treatment methods and allow patients to take ownership of specific healthcare goals. Chronic illnesses such as diabetes, high blood pressure, heart disease, and other long-term health conditions must be closely managed and monitored. Patient care management enables healthcare providers to effectively manage such situations with a comprehensive strategy and community resources. It proactively works on patients' health and well-being, even when they're not in the doctor's office or hospital. Care management emphasizes using practice-based approaches for improving the health of populations with complicated or chronic medical problems. Healthcare organizations increasingly adopt care management software to enhance care management operations. Many solutions scale up to meet the demands of large healthcare systems or downsized for smaller primary care clinics. EHR integration, on the other hand, is critical in every instance.

8. Elements of patient care management

Elements of patient care management include:

- **Dedicated care team**: Specialized care teams with defined responsibilities will promote communication and collaboration on patient medical conditions, therapies, actions, and patient care planning based on their needs.
- **Comprehensive data-centric care plan:** Developed care plans based on the specific needs of patients by collecting data from patients' EHRs, claims records, and other sources. It uses analytics software to sift through valuable information that can help you identify individuals who may benefit from care management, such as those with chronic diseases or high-risk and high-use patients.

- **Medication and care-management tools**: Strategized to encourage patients to participate in the program to manage their chronic conditions actively. An insulin vial-tracking log, for example, might be one such tool. Care management tools will help patients better understand their conditions and how it affects them, which will result in better patient engagement.
- **Hospital-to-home program:** Hospital care isn't the only aspect of patient care management. Telehealth technologies and systems are employed to monitor the effectiveness of the care team and patients' health, allowing care managers to intervene and provide treatment at the right time without operational delays.
- **Patient education materials:** Patients provided with easy-to-read education materials are more likely to commit to a treatment program. Healthcare materials in charts or fun graphics improve patient knowledge. Access to education materials can be in paper form or through digital channels; ensuring family caretakers can also understand healthcare protocols.
- **Patient-physician communication**: Excellent communication between patients and healthcare providers maintains the best health outcomes. Language, cultural, and psychological barriers should be examined and managed appropriately. Patients who feel empathy from their providers more freely discuss treatment regimes' issues.
- **Care coordination:** Initiating at-home healthcare allows patients to receive essential follow-ups and assessments to improve health outcomes. Effective treatment regimes are coordinated between care teams responsible for anticipating the patient's needs and achieving reliable and safe care.
- **Community resources:** Community health programs align with at-home care to maintain patient progress. Community organizations that have partnerships with hospitals, care clinics, and primary care offices can support patient care needs and help manage treatment programs.
- **Decision support:** Medical staff can receive guided information on communicating with patients about health diagnoses and treatment programs. Healthcare organizations can provide handouts like charts, checklists, or digital notifications to inform health workers on essential guidelines that outline protocols for patient interactions.
- **Performance measurement:** Implementing standardized analytics for various healthcare activities can help improve patient health needs and correlate health progress with caretaker performance.

9. Benefits of patient care management include:

- **Enhanced clinical outcomes:** The right combination of technology that automates and streamlines many tasks, reduces redundancy, and allocates healthcare resources, enhancing clinical outcomes.
- **Time efficiency:** Patient aids in pre-visit planning and risk stratification using patient data for immediate and targeted care.
- **Cost reduction:** Patient care management reduces the unwanted allocation of resources, duplications, and no-shows.
- **Patient engagement:** Patient care management develops methods for creating patient ports, secure messaging, instructional materials, appointment reminders, and other patient-focused services.
- **Enhanced revenue:** Care managers proactively support the patient on track by following doctor's instructions, avoiding unnecessary emergency room visits and hospital stays, reducing the service fee, and increasing the number of billable clinical hours.
- **Research and innovation:** A formalized data pool built up over time will aid organizations in quantifying and testing the effectiveness of new innovative technologies in patient care management.
- **CMS requirements:** Extended Medicaid services to patients by meeting Centers for Medicare and Medicaid Services (CMS) requirements.
- **Preventive care visits**: Effectively coordinating the correct care management with primary physicians decreases the chances of an illness or disease developing into a severe health condition.
- **Less duplicative tests:** Healthcare teams that work within and across organizations can better manage exams and routine examinations; ensuring patient care is not slowed down by disjointed administrative procedures.
- **Higher patient satisfaction:** Patients who receive holistic and personalized care management feel better about engaging with the healthcare system. Whether through remote care or telemedicine, convenience care makes patients confident that treatment aligns with their healthcare goals.

10. Patient care and human rights issues

Patients are entitled to the full range of human rights. Health care providers must respect each patient's dignity and autonomy, right to participate in making health care decisions, right to informed consent, right to refuse medical treatment, and right to confidentiality and privacy. The attention, treatment, and care that each health care provider gives to a patient must respect the human rights of every one of his or her patients. The human rights-based approach to patient care draws from standards contained in the international human rights framework, which are often mirrored in regional treaties and national constitutions. It differs from patients' rights, which codify particular rights that are relevant only to patients. Human rights standards apply to all stakeholders in the delivery of health care including both patients and care providers.

A human rights-based approach seeks, above all, to uphold the inherent human dignity of all actors in the care provider-patient relationship. This relationship can be a complex one, especially when coupled with health care delivery. For example, as medicine becomes ever more advanced, providers and patients must work together to make diagnostic and therapeutic decisions. Financial and quality issues are always present in health care delivery and can lead to inequality and discrimination. Greater understanding is needed of the social determinants of health that straddle the lines between traditional medicine and a broader concept of health, as well as of the interdependence of the right to health and the realization of all human rights. A human rights-based approach uses the human rights framework to analyze these elements of patient care; among others. Below are some common human rights issues that arise in patient care settings. This list is not comprehensive. The list alternates between highlighting issue areas and highlighting marginalized groups whose human rights are frequently violated in the health care setting.

Right to information

Patients are often unaware of their rights, including the right to information on their condition and the right to access their medical records. In a study conducted at four hospitals in Lithuania, 85% of the staff and 56% of the patients surveyed had heard of or read about patients' rights laws. Moreover, only 50% of professionals and 69% of patients thought it was necessary for patients to have information about diagnosis, treatment results, and alternative modes of treatment. Another study in Macedonia found that 82% of respondents stated that there are patient rights, but 56% did not know what their rights were. Patients have the right to information about their health status, treatment options and reasonable alternatives, and the likely benefits and risks of proposed treatment and non-treatment. Patients also have the right to access their medical chart and medical history.

Right to privacy and confidentiality

Patients have the right to have their health information and data kept confidential. According to Gostin et al., "Health data may include not only a patient's sensitive health status, but also those facts or circumstances that the patient reveals to [health care workers] as part of seeking medical treatment." The "right to privacy and confidentiality must be applied sensitively, with respect for different cultural, social, and religious traditions."For certain vulnerable groups, the right to privacy and confidentiality is an essential aspect of obtaining health care. For example, privacy and confidentiality are crucial to realizing sexual and reproductive rights for women and adolescents. In General Comment 14 on the right to health, the Committee on Economic, Social and Cultural Rights states that "[t]he realization of the right to health of adolescents is dependent on the development of youth-friendly health care, which respects confidentiality and privacy and includes appropriate sexual and reproductive health services."Privacy and confidentiality are also crucial for patients seeking diagnosis and treatment of illnesses with which stigma is attached, such as HIV/ AIDS and mental illness. Depending on the type of care an individual is seeking, some health care centers may only allow specific providers to access the patient's health information. For example, a nurse who is vaccinating a patient may not access that individual's private mental health records because the information is not relevant to the treatment being provided at that current moment.

The right to confidentiality of health information should not interfere with the right to access of private health information. While a holder of private health information should be prohibited from sharing that information with anyone who is not essential to providing health care to the individual, the holder must provide the individual access to their private health information upon the individual's request. Patients have the right to access their own health information, to be able to control how the information is shared with them (for example, being able to indicate to where mail or phone calls are directed), and to be able to authorize the disclosure of information when desired. The right to confidentiality of private health

information, as well as the right to accessibility of private health information, should be upheld and not compromised in respecting the rights of the patient.

Right to informed consent to treatment

The UN Special Rapporteur on the right to health, Anand Grover, defines informed consent as the following:

Informed consent is not mere acceptance of a medical intervention, but a voluntary and sufficiently informed decision, protecting the right of the patient to be involved in medical decision-making, and assigning associated duties and obligations to health-care providers. Its ethical and legal normative justifications stem from its promotion of patient autonomy, self-determination, bodily integrity and well-being.

The right to informed consent is central to the right to health. Issues that arise concern the competency or legal capacity of the patient to consent, respect for personal autonomy, the sufficiency and completeness of information, and circumstances compelling limits on the need for informed consent.

The complexity of informed consent is mirrored by patients' lack of understanding of its meaning and importance. For example, in a 2006 study of 732 European surgical patients in obstetrics and gynecology during a six-month period, about 46% believed that the primary function of the written consent form was to protect the hospital, and 68% thought that the form allowed doctors to take control, while only 41% believed consent forms expressed their own wishes for treatment.

Derogations, or departures, from the right to informed consent are necessary at times, but the question of when derogations may be permitted is a complicated one. When a patient is unconscious, medical providers must seek consent from a legally entitled representative. However, if there is an emergency situation where the patient's life is in danger, medical providers may presume that consent is given. Issues of informed consent also arise from public health policies that require compulsory testing, compulsory vaccinations, or mandated quarantine during epidemics. Procedural safeguards are crucial to derogations from informed consent, to ensure that proper circumstances are met and to provide a means to challenge the departure from the law. Some groups are particularly vulnerable to violations of the right to informed consent. The UN Special Rapporteur on the right to health brought attention to children, elderly persons, women, ethnic minorities, indigenous peoples, persons with disabilities, persons living with HIV/AIDS, persons deprived of liberty, sex workers, and persons who use drugs.

The Inter-American Court points out the issues surrounding free and voluntary consent when it comes to women's sexual and reproductive rights. Access to information on sexual and reproductive health is crucial for women to make free and informed decisions. According to the Inter-American system, access to information on sexual and reproductive health "involves a series of rights such as the right to freedom of expression, to personal integrity, to the protection of the family, to privacy, and to be free from violence and discrimination."

There is also particular concern and confusion regarding the right to informed consent for persons with disabilities or mental health illness, two groups whose rights are frequently violated. Treatment decisions are often based on inappropriate factors such as ignorance or stigma surrounding disabilities, and indifference or expediency from staff. The Special Rapporteur on the right to health writes, "[These inappropriate considerations are] inherently incompatible with the right to health, [and] the prohibition of discrimination on the ground of disability … In these circumstances, it is especially important that the procedural safeguards protecting the right to informed consent are both watertight and strictly applied."

Persons unable to provide informed consent

Patients may be deemed legally incompetent to make decisions on their own behalf, including providing informed consent to treatment. Patients who are declared legally incompetent can include unconscious patients; minors; patients experiencing confusion or other altered mental states (this includes the elderly); those under the influence of sedatives or other drugs that affect alertness and cognition; and on occasion, persons with disabilities, depending upon their perceived impairment. Many countries have a system in which a guardian or representative is authorized to make decisions on behalf of the legally incompetent

individual. Depending on the jurisdiction and circumstances, health providers might also have the authority to commit a person involuntarily to a health care facility. Involuntary commitment is generally reserved for severe cases where the person is in immediate danger of harming him/herself or others. There are frequent issues with guardianship and involuntary commitment because these processes involve denying an individual their autonomy to make decisions. It is crucial that the system be as formal and transparent as possible and to establish procedural safeguards to ensure that the dignity and rights of the individual are upheld. An example of a procedural safeguard for involuntary commitment is to allow courts or tribunals access to challenge the admission. For more information, please see Chapter 9 on Disability.

Prisoners

Prisoners who are ill often face violations of their rights as patients. Prisoners have the same rights as other patients, including the right to refuse treatment, the right to informed consent, the right to privacy and confidentiality, and the right to information. For example, they have the right to refuse treatment, including abortions and medical testing. Conducting these procedures without informed consent would be coerced or forced and in violation of the prisoner's right to refuse treatment. Derogations from the right to refuse treatment in prison include the prevention and control of communicable diseases and the treatment of mental illness, but both are subject to specific conditions and should be implemented in line with international standards. The prison population includes especially vulnerable groups with special needs, including prisoners with mental health care needs, elderly prisoners, and prisoners with terminal illness. These vulnerable sub-populations may require special attention to ensure that their rights to health and life with dignity are realized.

Women

Women are particularly vulnerable to violations of their rights while seeking health care, especially for sexual and reproductive health care services. For example, Human Rights Watch documented abuse of pregnant women during health care visits in South Africa:[Forms of abuse] include ridiculing or ignoring women's needs when in pain, especially during labor, unnecessary delays in providing treatment, leaving women to deliver their babies without help, accusing women who appear not to be following nurses' orders of wanting to harm their babies, verbal insults and degrading treatment, such as asking women to clean up their own blood, or intimidation and threats of harm. Physical abuse involves slapping, pinching, rough treatment and a deliberate refusal to give pain-relieving medication.

Other issues include independent and autonomous access to sexual and reproductive services, forced sterilization and forced contraception, and physical and sexual abuse by the care giver. Violence and assault against women in sexual and reproductive health care settings perpetuates stigma and discrimination against women that denies them human dignity. The Special Rapporteur to health notes, "Stigma and discrimination against women from marginalized communities, including indigenous women, women with disabilities and women living with HIV/AIDS, have made women from these communities particularly vulnerable to such abuses." The Special Rapporteur on water explains, "Stigma is, by its demeaning and degrading nature, antithetical to the very idea of human dignity. Stigma as a process of devaluation, of making some people "lesser" and others "greater", is inconsistent with human dignity, which is premised on notions of the inherent equality and worthiness of the human person. It undermines human dignity, thereby laying the groundwork for violations of human rights." Female patients from marginalized populations have the right to seek health care in a manner that is non-discriminatory and respects their dignity.

CONCLUSION

Nurses are considered to be the pillar of a country's healthcare system. Their professional knowledge, experience, and skills remain mostly underutilized in Bangladesh. Nurses provide self-directed and team-based care for individuals of all ages in institutional settings, at residences, or in the community. NURSES are the most numerous and vital professional healthcare providers and the demand for their services continue to grow. To produce qualified nurses, quality education is fundamental. In Bangladesh, different institutes now produce nurses but in reality, they do not provide services up to the mark as there are lapses and gaps in their learning system. Hence, reforms in nursing education system in Bangladesh are a burning issue. For reformation, adequate research on the way forward is essential. Similarly essential is the focus on the thinking of urban planners and healthcare practitioners for the way forward of the present nursing education system. To become a registered nurse in most countries, former education with more extensive professional training is required. Many countries have introduced several theoretical and practical training

for nursing students in hospitals, or via a pre-registration nursing programme at a university or college. Nursing students, thus educated and trained, demonstrate higher competency in nursing practice, communication, leadership, professional integration, and research/evaluation.

Urban planners in Bangladesh are concerned about urban health and emphasize the necessity of an ideal education system in the nursing institutes to produce quality nurses and midwives. For an ideal nursing education system, nursing institutions (a) there should be high quality faculty members. In some institutes, senior staff nurses become teachers. They are required because they have the exact experience of professional dealings but the combination of MBBS doctors and professional nurses as teachers is crucial to imparting in-depth knowledge; (b) in European countries, group study opportunity is provided for nursing students, but in Bangladesh it is rare. Group study should be facilitated as it creates the opportunity for mutual learning. Research shows that students who study with peers retain approximately 70 per cent of what they learn, as opposed to just 20 per cent of what they hear in class alone and just 10 per cent of what they read. Studying with others helps provide encouragement and moral support; (c) attractive learning system needs to be introduced by imparting audio-visual learning system; (d) professional experts need to be hired as faculty. Professional experts may be physicians or from other professions who have couple of years' experience dealing with the nurses and midwives because they know the limitations of the current nurses and they can provide better guidance to the present students to produce quality nurses in near future; (e) nursing students should engage in some basic social research such as people's satisfaction survey. This example is given as the students will deal with people in society and if they know people's expectations from them, this will be helpful for their future dealings. For doing so, basic research methodology and fundamental statistics need to be introduced in their course curriculum; (f) students need to get training in basic computer software such as MS package or SPSS which will be helpful for them to maintain recording and reporting in their professional life; (g) a portion of present students will work under the government settings so they should be provided adequate knowledge regarding recording and reporting system of the Directorate General of Family Planning and the Directorate General of Health Services; (h) in reality, it is observed that some current nurses and midwives do not know the standard operating protocols, which is very essential for the delivery of quality services. It is, therefore, necessary that students orient themselves the standard protocols, (i) the nursing institutes should offer some practical sessions for the students to gear up their learning. For this, the students can be attached with some health facilities from their student life. In the medical field, the patient is one of the most important people involved. Patient care ensures that the patient is kept happy and comfortable with their wellbeing in mind. It is their right to be treated with dignity and care, and they have the right to have their privacy maintained.

Improvement of patient care is a dynamic process and should be uppermost in the minds of medical care personnel. Development and sustenance of a patient-sensitive system is most critical to achieving this objective. It is important to pay attention to quality in every aspect of patient care, both medical and non-medical. The quality of patient care is essentially determined by the quality of infrastructure, quality of training, competence of personnel and efficiency of operational systems. The fundamental requirement is the adoption of a system that is 'patient orientated'. Existing problems in health care relate to both medical and non-medical factors and a comprehensive system that improves both aspects must be implemented. Health care systems in developing countries face an even greater challenge since quality and cost recovery must be balanced with equal opportunities in patient care.

While there are many aspects of patient-centered care, it's vital to understand that it's not solely about the patient. The goal is to enhance the quality of care for everyone involved in the healthcare system, including doctors, nurses and patients. By prioritizing relationships, respecting patients' preferences and values, and acknowledging them as individuals who are part of a broader community, we can collaborate towards achieving improved outcomes for everyone. By prioritizing informed consent, effective communication, and patient satisfaction, healthcare providers can deliver patient-centered care that respects patients' autonomy, promotes shared decision-making, and ultimately leads to better health outcomes and improved patient experience.

RECOMMENDATIONS

The recommendations of the study are as follows:

1. Options for Addressing challenges

The gap between education and the approach of practice for the 21st century has been rapidly widening. Education shall follow the scope of practice transformations and other alterations in the healthcare delivery system. Education favors the incremental adoption of change whereas the practice setting is more agile and thus can swiftly incorporate change.

2. BSN – quality and safety

There are multiple various educational approaches a student may undertake to become an RN. There is a disagreement over the required educational context demanded for novice practitioners contributing to the field. The decision concerning the proper recognition of RNs with prominent educational levels is a conflict that is yet to be solved. The same degree, an RN, is granted to alumni of both Bachelor and technical programs. There are currently two approaches of nursing education accredited by both the Bangladeshi Ministry of Health and the Ministry of Education. The first is the academic track leading to a Bachelors of Nursing (BSN) degree (3 years training after 13 years of basic education) and the second is the technical track leading to either the Technique Superior (TS; 3 years training after 13 years of basic education) or to the Baccalaureate Technique (BT; 3 years training after 10 years of basic education). All three approaches are offered in English or French.

A dispute has risen within the members of the profession and among policymakers, pedagogues and employers regarding whether the Technical Nursing programs offers an RN with the requirements of substantial educational context for the advanced problem-solving demanded of nurses, or if the bachelor nursing program is a more favorable approach into the practice environment. Research has proven that bachelor education in nursing to have wider theoretical base than technical education in resulting in lower mortality rates of hospitalized patients in hospitals having more bachelor RNs than Technical RNs.

Kutney-Lee, Sloan and Aiken (2013) revealed that expansions in a hospital's rates of nurses certified with a bachelor degree in nursing were greatly related to decrease in percentages of surgical patient deaths and failure to thrive. Revelation of a notable mortality advantage related to enhanced nurse education in hospitals amplifies the significances of public policies to aid in the direction of a notable shift toward the preparation of nurses with bachelor degrees in nursing. One particular proposition that has been argued is to aim at all new public financing of nursing pedagogy to graduating nurses with bachelor degrees, through multiple alterations such as granting bachelor degrees by community colleges (Aiken, 2011).

The Ministry of Education and Higher Education (MEHE), in collaboration with the Order of Nurses (ONL), agreed that a bachelor degree in nursing is the academic license that optimally produces nurses apt for the demands of the work environment. Ministry of Health and Family Welfare (MHFW) in Bangladesh agrees on improving the quality and safety in Bangladesh healthcare, Bangladesh Nursing and Midwifery Council (BNWC) promote the aim of increasing the education of all registered nurses to a level or higher. To accomplish this objective, policymakers should investigate unconventional tracks that enable students to be certified with a BNWC.

3. Implementation of bridging programs

The Ministry of Education and Ministry of Health in Bangladesh developed a decree which enables universities to provide bridging programs for students who are certified with a Higher Technical (TS) Degree in nursing to attain a university baccalaureate degree. In accordance, the Faculty of Health Sciences-Nursing Department inaugurated, with the advisory of the Order of Nurses in Lebanon and the Ministry of Education and Health in Bangladesh, the "Nursing Bridging Program" to interest those students which the Ministry's decree targets. This articulate program entails a curriculum with credits which extends over three semesters at the least.

Thus, bridging arrangements between Diploma programs at 3-year institutions facilitate pursuing bachelor-level nursing education for such students. These arrangements between the two and three year institutions distinguish which course credits transfer across colleges and contribute to an integrated education track to the BNMC. The complete bridging nationwide arrangement enables credits to be transmittable among all institutions in the country. MHFW accords on improving the quality and safety in Bangladesh healthcare, MHFW and BNMC promote the aim of increasing the education of all registered nurses to international level or higher. To accomplish this objective, policymakers should offer proper financing and promote partnerships among institutions (EP-Nuffic, 2016).

4. Academic/practice partnerships

The creation of partnerships with a wide range of community organizations and providers can instill shared interests and offer broader learning chances for nursing students. While faculty may consider that an optimal clinical training experience is one where students are adjoined with instructors in a one-to-one ratio with patients inflowing at preset appointment times, establishing partnerships with hospitals and care providers in various clinical settings and environments might be valuable.

The establishment of community relationships with a service-learning framework can offer creative chances for students to interact and take part in health awareness, physical and mental health evaluations and intervention with people with no access healthcare services in a given setting. Thus, cooperation between educational institutions of nursing and hospitals or clinical practice settings is a method of resolving complex conflicts confronting educators and clinicians. They believe that academic practice interchange can be an efficient technique for decreasing workforce deficits and those policymakers should promote such partnerships (Koy, 2016).

One method with ability to help in the nursing faculty deficit and to create more clinical resources accessible for nursing education includes internal actions by academic institutions to establish and reinforce cooperative partnerships. Academic institutions function coherently as well as with hospitals and healthcare institutions to establish creative and enabling methods for making nurses and nurse educators ready and to promote the extension of nursing academic programs. These programs are liable to be expensive, but if the advantages can be well identified, educational organizations, hospitals and healthcare institutions may be ready to venture upon their success (Robert Wood Johnson Foundation, 2010).

Partnerships tackle complicated healthcare concerns such as the deficit of nurses and nurse educators, the necessity to develop employee skills by strengthening the values and resources provided by the partners and endeavors employed towards accomplishing shared advantageous aims and mutual responsibility. Advantages of partnerships involve shared space, clinical resources and an enhanced research existence in the hospital (Horns et al., 2007).

Academic-practice partnerships offer the required leadership, mentorship and reinforcement in a cooperative mechanism to execute and integrate the best new evidence into practice and promote an elevated level of professional interaction by nurses. Academic-practice partnerships can be an efficient method to tackle workforce deficit as it prepares nurses directly to be employed in institutions that are involved in mentioned partnerships thus it should be supported by policymakers (Gimbel, Kohler, Mitchell, &Emami, 2017).

5. Internships

The transition from student to nurse is a strenuous one. Apprentice graduates are confronted by various obstacles when adjusting to the workforce. These involve an increasing number of patients with complicated cases and various comorbidities, unavailability of expert instructors and coaches, age variations within the workforce, performance anxiety and bullying. To aggravate the conflict, these problems often occur collectively. Apprentice nurses start out with immense pressure and with the lack of the proper reinforcement, the pressure of this adaptation can sum up to an elevated turnover rate for new nurses within their first 2 years of recruitment (Hofler and Thomas, 2016). Since it has been indicated a Apprentice nurse needs a minimum of 1 year to conquer the transfer into actual practice (Tradewell, 1996), many novice nurses leave their prime employers before they have had an opportunity to become adapted to their unfamiliar environment.

Internship programs enhance novice or apprentice nurses' intentions to stay and increase retention rates. For novice alumni to attain mastery, self-confidence and autonomy, institutions need a disciplined and well-planned method to developing mentors. The aptitude of novice nurses is enhanced after the execution of such a mentorship program (Daniel, Ramnarine, & Kathiravan, 2017).The employment of nurse practicum programs helps nursing students in adaptation for practice in the working setting before their graduation from nursing programs. The aim of the program were to transform novice professional nurses to skillful, enhance the competency of novice nurses in fields such as efficient decision-making associate with critical thinking and functioning, innovate reinforcing work setting, offer clinical leadership at the point of patient care, reduce mistakes in caring for patients, reinforce the individual's dedication to nursing as a career choice, create an individual evolvement plan associated with the nurse's modern clinical role, integrate

research-based evidence into practice and reduce nursing staff turnover rate. Such programs facilitate the adaptation of professional nurses to professional registered nurses, help them in offering competent and safe care and enhance job satisfaction and retention. Program elements include designed clinical experience with a mentor, orientation for novice nurses practicing in specialty areas and internships in academic health centers.

6. Develop and test innovative program Models/technology models

Information technology can promote the conveyance of course materials, streamline course management, enhance availability by students and faculty, diminish expenses and enhance educational results (Huston, 2013). Information technologies have a broad spectrum of implementations in nursing programs, involving e-learning, simulations, blogs and online scholarly and research journals. Technologies such as clinical simulation and e-learning can aid organizations invest in assets and thereby broaden teaching abilities. Simulation, the art and science of reinventing a clinical framework, has been an essential engaging approach in nursing edification because it has the capability to be employed for assessment of cognitive, psychomotor and efficient levels of learning (Regan and Onello, 2013, Ravert and Mcfooes, 2014). Simulation offers the student nurses a chance to exercise competencies until they master the skills and ability to provide secure patient care.

7. Simulation: The future of nursing education

Nowadays, simulation is prevailing more than ever, promoted by trends such as the deficit in nursing educators and patient secrecy issues at hospital-based practice settings. Simulation has also gone high-tech, enhancing its efficiency as a not only as a potent tool for novice nurses but for experience nurses as well who are interested in improving their advanced competencies. Thus, simulation is a powerful educational strategy which can enhance patient outcomes and a culture of safety among nurses. Numerous studies have showed that nurses participating in simulation have displayed improvement in skills such as detecting a deteriorating patient condition, classifying emergency patients more meticulously, dealing with stroke patients, functioning cooperatively in obstetrics settings and more. The future of nursing education might reside in what is known as high-fidelity simulation: the employment of computerized mannequins that can display a wide range of patient situations. These high-fidelity simulation laboratories demonstrate an efficient outlet for nurses to practice the competencies required to take care of complicated, highly critical cases; drill for emergency preparedness, or function collaboratively amongst a team of health care providers. With more revolution in nursing education comes an upper level of competence and knowledge in nursing practice. Nowadays, there is an increasing demand for nursing educators who are able to induct transformational leadership into the profession through a conception of simulation and other educational strategies.

8. Inter-professional education (IPE)

Observers to nursing education systems around the world attain that nursing students are tutored by various health care professionals at clinical settings. Therefore, Koh and Baker (2016) maintained that nursing education in the 21 century needs to sustain inter-professional education to nursing students. There is an agreement that quality of care cannot be improved without integrating health care professionals efforts and have all health care professional acknowledge and recognize various roles of care professionals. Nursing educational strategy that sets practitioners or students of various health care or social care associated disciplines in a single room to foster sharing competencies and information among disciplines (Lewitt, Cross, Sheward, & Beirne, 2015).

Thus, BNMC is expected to fill the void that prevails among healthcare providers as it's associated with communication and enhancement of patient results. BNMC has been identified by accreditation agencies and professional institutions as impartial to attaining secure, quality patient-oriented services. Furthermore, there is proof documenting that interdisciplinary and inter-professional healthcare training techniques could be efficient in enhancing patient outcomes and decreasing healthcare expenses as when various health care practitioners of different disciplines cooperate in managing a patient's case, diagnosis can be more accurate thus leading to fewer misdiagnosed cases, fewer referrals and less visits to other health care facilities, and consequently more prompt and more accurate treatment. In order to promote cooperative performance and sturdy interdisciplinary health care teams, nursing education should incorporate BNMC into contemporary programs.

Interdisciplinary education in healthcare and potential for nurses to practice among healthcare personnel from various professions provides students advantages from their mutual educational experiences; it also improves inter-professional engagement yielding in a clearer perception and cooperation in the work environment (Fealy, 2005). Fealy highlights the potent employment of human and material assets in mutual learning settings. Approaches of interdisciplinary education involves instructive experiences with mutual courses and modules, clinical training including learning experiences in interdisciplinary care delivery and project-based student experiences integrating these two factors (Fealy, 2005).

The International Nursing Association for Clinical Simulation Learning (INACSL) and Bangladesh Nursing and Midwifery Council (BNMC), argued for simulation employment to train students for IP teamwork, complicated clinical judgment and competencies to be more accomplishable of the simulation approach. Simulation-IPE is described as the employment of health care simulation approaches with frameworks created to enhance comprehension about other disciplines for comprehensive model and transformative learning. Team members take part in distinct knowledge base and specific skills, establish open communication and include mutual decision making during simulation exercises (Palagnas, 2012, Sanford, 2010).

Simulation-BNMC enables individuals to function coherently as a team in a modulated setting that mimics the health care environment. It has displayed enhancements in the attainment of information, competencies, attitudes and behaviors of collaborative group work which is basis to foster secure, quality patient care (Decker, 2015). The objective of the simulation enhanced BNMC is to improve quality and safety of services, perception and admiration for other professions, relationship, cooperation, transfer of information, cost effectiveness, problem-solving, future health system requirements and communication among health care personnel and to enhance the value of care in health environments. IPE is not a blending of or weakening of roles (Hermann, Head, Black, & Singleton, 2016).

There are various standards for efficient nursing experiences include responsibility, making use of time in pre-planning with all stakeholders, guaranteeing open communication, accountability, organization, collaboration, confidence, autonomy and shared trust and admiration. A prosperous nurse will assist the students in exhibiting, sharing and exercising these principles with each other. By participating in simulation enhanced health care, students become more engaged in their own edification and more holistic comprehension of their status in the healthcare team (IPECEP 2011).

As nursing curriculums drift towards university environments, the opportunity for mutual education augments. Policymakers should foster interdisciplinary and inter-professional education. This could be accomplished by innovating interdisciplinary and inter-professional educational approaches and illustration projects that incorporate education of healthcare personnel to offer cooperative and client oriented services.

9. How technology can improve patient care

Healthcare delivery that promotes well-being doesn't stop at the doors of your medical center. Optimal patient care requires the kind of ongoing communication and education that only a robust healthcare-centric technology platform can enable. It takes software designed specifically for Care Management and for clinicians who prioritize outcomes. The National Institutes of Health reports that high-quality patient care requires appropriate infrastructure, training, care team competence, and health IT efficiency. A patient-centered platform makes taking care of patients more efficient and satisfying by cutting down on repetitive administrative tasks to allow more time and energy for the care of patient priorities like education that enables them to manage their own care. The right Care Management software will assist your care team with the following:

10. Access

Healthcare accessibility both in medical centers and in healthcare provider clinics should constantly be expanding. Care Management software can help improve access to healthcare with patient-centered communication features and tele-health options that bring patient care to where the patient is.

11. Timeliness

Waiting times for high-demand patient care services have been too long for decades. Researchers have been addressing this issue by continually reviewing patient surveys and other data, and then applying this feedback to restructure patient care in healthcare systems.

When much of patient engagement appointment scheduling, patient on boarding, symptom checking, and biomarker testing can be executed outside the office with Care Management software, the time spent in the office is minimized, as is clinician burnout. When patients and clinicians can accomplish more in less time, all in-office appointments are streamlined and wait times are shortened.

12. Administration

Care Management systems intelligently assign necessary team members to address patient needs at the right moment in order to maximize your most precious resource – your care team's time — so that less of it is spent on administrative tasks and more on patient care.

13. Communication

Satisfying individual patient needs and addressing concerns of the patient's family early on in the care plan can help eliminate frustration and anxiety. Optimally managing treatment requires communications through a variety of modalities. Omni channel capabilities support check-ins through every step of care they give clinicians peace of mind that they're never missing a message and that they're meeting patients where they are.

14. Ancillary services

The immediate care of patient needs requires more than just clinical treatments delivered by medical professionals. Communication-enabling technology, pain management, food, and mobility assistance should all be accessible features in patient care for each individual patient and for the patient's family. Social-emotional and behavioral support are critical as well. A robust Care Management platform can help care teams manage and oversee ancillary services holistically without wasting time.

15. Extend the reach of care team

Medical professionals in all specialties can extend the reach of their patient care by taking these simple but transformative steps:

• Offer telehealth

Telehealth is a term for remote healthcare delivery including medical information and healthcare education via telecommunications systems. According to the CDC, telehealth use went up 153% in 2020; it's a service patients now demand and rely on.

• Incorporate remote patient monitoring

Remote patient monitoring is the management of acute or chronic conditions via remote patient monitoring technology while securely collecting and exchanging patient data.

Monitoring devices have enabled medical professionals to collect real-time health data and provide relaxed virtual patient care that enhances patient experience. In 2020, the COVID-19 pandemic dramatically sped up the adoption of remote patient monitoring technologies in healthcare organizations of every size and specialty.

• Manage care more effectively

Care Management is a practice designed to help medical professionals improve patient care and teach patients how to manage their health conditions more effectively. Care Management programs help improves health outcomes by reducing the need for medical services. This innovative technology enhances the coordination of patient care and eliminates duplication while helping both patients and providers improve their quality of life.

• Streamline patient engagement

Patient engagement enables the delivery of value-based patient care. When patients are engaged, they feel empowered to actively participate in their care plans, so their health outcomes improve and so does your bottom line.

• Coordinate patient care with the latest technology

Your patient care coordination efforts can't improve patient care or resolve patient confusion and care team frustration if you're using outdated tools and systems that slow down care plan implementation. Patients need to understand their diagnosis and treatment options which require a seamless flow of communication between care team members, the patient, and the patient's family.

•Reduce administrative burden on care teams

Welkin Health has developed team-centric Care Management software that makes your care team's day much more manageable and that means more time for patient care.

Welkin allows each clinician to see each individual patient's journey including assessment scores, needs, preferences, and communications in a centralized profile for complete transparency. Our innovative platform allows you to automate your patients' assessments and send those updates and reminders. It even features email templates and educational videos so you can deliver personalized patient care.

16. Empower care team to deliver outstanding patient care

Although patient-centered care was introduced to enhance patients' wellness, it has also been a boon for healthcare professionals in all specialties. Embracing a more humanistic way of interacting, listening with an open mind, acknowledging patients' views, and engaging every patient's family will improve the care of patient populations that may have been considered challenging to treat in the past. It will also boost your care team's career satisfaction.

With the help of next-generation Care Management technology, implementing patient-centered care is now easier than ever. Patient care software programs can ensure that each care team is up to speed on medical history, symptoms, patient preferences, and care plan stages. Patient Relationship Management (PRM) systems simplify workflows so providers can focus on what really matters improving patient outcomes.

To facilitate (and enjoy) patient-centered care while growing your practice, read our guide to patient-centered Care Management.

Specific Recommendations

Some specific recommendations are given below:

1. Must keep their professional knowledge and skills relevant and up-to-date through self-learning, in-service education, practice, higher education, and quality management including accountability.
2. It leads to lead consumer satisfaction.
3. A better image of nurses would logically follow when people in the society recognize the value of nursing care and that would result enhanced salary and status.
4. Nurses should practice to the full extent of their education and training
5. Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression
6. Nurses should be full partners with all health professionals to redesign health care in 9angladesh.

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