

# The Role of Nursing in Bridging Family Medicine and Emergency Care for Public Health Improvement

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## Abstract

It takes little convincing to convince emergency medical specialists that injury prevention is an important public health priority. Merely having clinical experience cultivates a deep comprehension of the impact that injuries have on kids and their families. Emergency medicine doctors' primary responsibility for treating acute injuries is giving way to a more comprehensive emphasis on prevention, which include advocacy, teaching, and research. Numerous injury prevention initiatives based in emergency departments (ED) have been established, and individual emergency medicine physicians have risen as leaders in the domain of injury prevention. Nonetheless, obstacles persist. There is a deficiency in the development of viable solutions that can be practically executed in a busy emergency department. The extension of the emergency healthcare provider's work outside the hospital into the community holds significant potential for success. This research aims to examine the present state of primary injury prevention in emergency care, the existing impediments, and potential areas for improvement.

**Key words: Family Medicine; Emergency Care ; Public Health; Nursing**

## Introduction

Public health policy and practice are formed and implemented at local, regional, national, and international levels. All are essential, necessitate unique skills, and must be interconnected for optimal impact. Institutions and networks must be redefined and established to connect diverse levels and cultivate new learning and action communities in response to evolving public health dynamics(1). This emerging community of practice should pose challenges for numerous public health specialists. Emerging digital communication modalities enable the public and many stakeholders to engage in societal discourse often and initiate discussions proactively. New grassroots activity and advocacy are growing alongside public health and health promotion programs, earning media and public attention. This could represent a novel opportunity for health promotion collaborations; yet, commercial incentives may distort established priorities for limited public resource allocation (2). The effectiveness of public health policy is judged by how well it works in practice. Politics is another factor that affects this. Since politics are always

controversial, people who work in public health need to be ready to defend and argue their points of view in this publication and with their coworkers. They also need to be ready to look at the successes of their programs critically and tell a wide range of health and non-health stakeholders about them. The goals of human rights, public health, dignity, and female equality are all closely linked (3). Local cultural and linguistic issues must be taken into account in public health policy and practice, and power and resource sharing must be looked at to understand national and global outcomes. People who are homeless or in jail need advocates because they will always have trouble expressing their worries. Health care and public health services that are necessary for disadvantaged groups should not be put on the market or given to the business sector. People think that to improve public health, we need to use our "heads, hearts, and hands." The intellectual side of public health is driven by ideas ("the head") and provided by a wide range of staff. Nonetheless, it is driven by a passion for people and change. This innovative specialist journal encourages authors to demonstrate their passion and dedication. Integrated care can be viewed as a complete strategy for promoting service change and redesign, rather than a cost-cutting measure. While the evidence for the economic benefits of integrated care is mixed, numerous components show clear benefits for the quality of care offered to patients. Given the NHS's financial constraints, integrated care may be an effective strategy for promoting critical service reconfiguration. This level of transformation is required for the health care to adapt and endure substantial financial challenges(4)

### **Family Medicine and Emergency Care: Contrasting Models of Care**

Regardless of their age, gender, disease, or organ system, the family physician—a general practitioner—takes on the professional responsibility of delivering the complete care of unselected patients with undifferentiated problems. Patient-centered, evidence-based, family-oriented, and problem-oriented, family practice is a clinical specialty. Depending on the needs of their patients and the communities they serve, family doctors pick and keep a wide spectrum of competences. Not diagnosis or treatments, but human needs define the scope of their work. Family doctors treat persons rather than diseases. Like birth, a major illness, and death, nodal events in the family life cycle call for particular thought( 5) Family physicians are adept at diagnosing serious conditions, curing hidden illnesses, managing common symptoms, and treating most acute and chronic illnesses. They prioritize disease prevention and health enhancement. They emphasize contemporary science, community practices, and continuous quality enhancement in their knowledge, skills, and attitudes. Family practice utilizes a distinctive therapy approach that necessitates specialized skills to identify concerns, address difficulties, negotiate alternatives, and facilitate problem-solving. Essential clinical competencies encompass the identification, integration, prioritization, and synthesis of solutions for diverse challenges. Targeting the clinical process, sharing responsibility, and managing ambiguity are necessary due to the diversity of human needs. Focusing on the individual requires advanced observation, communication, understanding, and empathy skills. Advocacy and action constitute a commitment to patients and populations. Family medicine can lead the redefinition of professionalism, the role of a physician, and the concept of a generalist(6). Family medicine is a constantly evolving specialty that aims to enhance how family doctors are taught in emergency treatment. Emergency care is one of the requirements for family medicine residency training. However, arguments over training length and substance have resulted in increased clinical practice in emergency departments (EDs). According to the 2016 Program Requirements in Family Medicine, emergency care training remains extremely important. It has been determined how much time must be spent on coursework, how

much advanced life support is required, what to do in medical and trauma crises, and the level of experience required with pediatric and critical care patients. Fellowships can assist family physicians hone their emergency medicine (EM) expertise. The AAFP website now shows ten programs, however there are many more across the country. The increasing number of emergency medicine fellowships demonstrates that FM is still committed to enhancing the quality of care in the emergency room. These provide advanced EM training to doctors who have already trained in FM and desire to practice EM full-time, regardless of where they live(7).

### **Nursing Interventions for Public Health Improvement**

Essential members of the healthcare delivery team, nurses are crucial for the prevention of negative outcomes, the improvement of patient outcomes and health service productivity, and the coordination and delivery of treatment (8). Nurses have to also engage in more extensive organizational and systemic quality and safety systems in order to offer safe treatment that conforms with the best available evidence and clinical guidelines. Nurses' vocation demands them to assess, track, and document the appropriateness and efficacy of treatment if we are to raise the standard of healthcare. They are integral to the development, deployment, and evaluation of eHealth applications aimed at enhancing patient safety(9), as well as the design and functioning of secure facilities, equipment, and operational processes. Consumer-centered care is provided via systems and processes that enable collaborative decision-making, continuity of treatment, transparent communication, and awareness of patients' cultural requirements and health literacy. Nurses must advocate, engage in, and apply research evidence to enhance patient safety and care quality(10), as well as exhibit clinical leadership(11,12).

Assuming the nursing workforce is both aware of and adequately equipped to fulfill its duties, the high standards of quality and safety that are expected of them are unreasonable. When nurses are unaware of, or do not fully embrace, their responsibilities, or when they do not feel appropriately equipped to carry them out, patient care could suffer. As an indirect but illuminating source regarding their perceived responsibilities, nurses' views on quality treatment could be useful. 'Comprehending patient requirements and dignity' (13), "advocacy" (14), "nursing presence" (15), and what are dubbed "patient-centeredness and therapeutic interactions" (15) are some of the ways in which nurses have described their responsibilities in person-centered care. Research on nurses' perceptions of quality treatment has also found that they place a premium on open lines of communication and working together (16).

### **Scope of Responsibilities**

The function of nurses in relation to environmental health concerns can be viewed from various angles. The nursing process can be supplemented or combined with other models of practice, such as the CPHF model, which categorizes the health professional into three roles: investigator, educator, and advocate. The role of the investigator is to bolster the evaluation and assessment stages of the nursing process, whereas the roles of educator and advocate are carried out as interventions. The many responsibilities included in this framework, such as collaborating with communities and addressing public policy issues, may be foreign to nurses whose practice is structured around the traditional model of nursing care for individual patients (17). Taking thorough environmental health histories and looking for patterns in exposure, sickness, and injury are all ways in which nurses can play the role of investigators. They should also be aware of environmental factors that impact health, collaborate with agencies and interdisciplinary teams to find out if an exposure is influencing community health, start or participate in research to find and control exposures that harm human health, and collaborate with public and private organizations to conduct risk and hazard assessments. Indeed, this duty may entail conducting home inspections

to detect signs of lead paint that is flaking or chipping in residences inhabited by young children, or to identify the usage of wood stoves that are not properly ventilated in the homes of children who suffer from asthma. The job description might also include going on site visits to look for ergonomic risks, chemical exposures, or mechanical hazards (like an unguarded conveyor belt) that could be hurting employees' well-being. Furthermore, nursing is an inherently risky occupation (18). Health Alerts and Disease Clusters Problems with environmental health can arise in a community when its residents or outsiders notice a trend of illnesses that may have an environmental origin. In order to enhance the environmental health content in nursing practice, it is crucial to conduct investigations that elicit an environmental health history. This is because the information gleaned from this history is foundational to all other nursing activities related to environmental health. The patient or the doctor may have pointed to past or present exposures to toxic substances in the environmental history as the source of the patient's symptoms or illness. There has been some detailed description of the methods and tools needed to compile an exhaustive environmental health record (19).

### **Role as Educator**

Nurses have a long history of educating patients on a variety of topics, including post-operative bed rest, dressing changes, medication risks, and the value of a healthy diet and regular exercise. One possible extension of this function is to inform communities, families, and employees about environmental hazards and the potential harm they might cause, as well as how to mitigate or remove such risks. Environmental health professionals and public health organizations often use the terms "hazard communication" and "risk communication" to describe this form of instruction. To take this responsibility a step further, nurses can disseminate knowledge that will help make communities, homes, schools, and daycares safer places to work and play. By setting a good example and not exposing themselves to chemicals when it is not necessary or by doing everyday tasks in a way that avoids injuries caused by ergonomic hazards, nurses may help keep the environment safe. Speaking at community events and getting active in local initiatives pertaining to human and environmental health are two ways in which nurses can play the role of educator. Additionally, they could be involved with public health authorities' risk or hazard communication efforts (20). In order to effectively communicate technical risks and the physiological and emotional responses of individuals, it is necessary to have experts on hand who can listen, understand, clarify, and reframe queries and information even when faced with strong emotions and potentially hostile environments. If nurses are to play a vital role in environmental health, their function in fundamental patient education with families and people must be expanded to encompass communication with entire communities and the public at large. Most nurses do not have the training to resolve conflicts at the community level, identify the intended audience, craft an effective message, choose an appropriate medium, or both (21). It is essential to enhance the fundamental ability to connect people with the resources they need by establishing community connections with environmental specialists who may not be part of the typical nursing referral network. For a variety of reasons, many nurses may not see the clear need to increase the role of nursing in environmental health. Firstly, they have not been warned about the possible dangers of environmental exposures by any role models, such as teachers or supervisors. This means that nurses are in the dark about the environmental factors that are contributing subtly but significantly to the illness and death rates of the people they care for, and that some compounds are extremely dangerous to human health. Secondly, patients often ask nurses about the safety of certain situations, and nurses often don't know where to acquire reliable information about potential dangers in the environment and how to mitigate them. Occupational health educators who have

received funding from the National Institute for Occupational Safety and Health (NIOSH) can teach their peers about environmental issues by visiting nursing schools and serving as preceptors. To better inform their patient populations about environmental health issues, nurse generalists will benefit from further funding of this kind (22).

### **Role as Advocate**

In theory, conventional medical systems can separate and treat environmental health effects. These issues usually occur in a tense social and political climate. Nurses and other healthcare workers help people find environmental health specialists. They may also advocate for patients or communities outside the healthcare system to improve conditions and prevent future health crises. It is commonly accepted that allowing patients, employees, and community members to advocate for themselves best serves their interests. Nurses' scientific knowledge and experience talking with scientists, physicians, and other authorities make them good advocates for citizens who may feel intimidated. This perspective is vital when lobbying public health agencies and the private sector, as individual inquiries sometimes receive inadequate responses. Academics and nursing leaders must collaborate to validate advocacy initiatives as part of nursing practice. Environmental health issues are strongly linked to social and political policies, thus policy and client advocacy are vital. A stronger, prevention-focused nursing practice model requires advocacy(19).

### **Nurses' roles in emergencies and natural disasters**

The readiness of the nursing staff has a significant impact on the nation's capacity to care for and safeguard its most vulnerable individuals. The capacity and capabilities of nursing in disaster response are defined by the numerous elements associated with national nurse education and training, including scope of practice, safety and protection, mobilization and deployment, crisis leadership, licensure and certification, and support for health care and public health systems. All licensed nurses (licensed practical/vocational nurses [LPN/LVNs] and registered nurses [RNs]), federal and state civilian and uniformed services nurses, recently retired nurses, and volunteers (e.g., National Disaster Medical System, Medical Reserve Corps, National Voluntary Organizations Active in Disasters, and American Red Cross [ARC]) comprise the nursing workforce available to participate in U.S. disaster and public health emergency response. The ability of the country to respond to and recover from natural catastrophes and major public health events, like the COVID-19 pandemic, depends on each of these organizations(22).

### **Nurses' General Roles in Disasters**

Together with doctors and other members of the health care team, nurses play a key role in response in a variety of clinical and community settings as well as at all stages of a disaster occurrence. Nurses provide interventions to protect public health before, during, and after catastrophes by educating the public, engaging the community, and promoting health. They assess and triage victims, distribute limited resources, monitor continuing physical and mental health needs, and administer life-saving drugs, advanced clinical care, and first aid. By creating operational response plans and security measures and conducting statistical analysis of data at the individual and community levels, nurses also help with organizational logistics (23). In addition to these duties, nurses monitor the use of personal protective equipment (PPE), activate organizational emergency operations plans, take part in incident command systems, and provide crisis leadership and communications—often at personal risk. They conduct blood drives, open and run shelters, and reach out to marginalized groups in the community, including by attending to their social needs. In addition, nurses provide care for the elderly who are in poor health (24), help women give birth so that their children are healthy after a disaster (25), and try to bring

families back together after they have been split up during response efforts. In addition to putting health care systems under previously unheard-of strain, disasters frequently put nurses' professional expertise, experience, and dedication to the test (26).

### **The Functions of Nurses during Pandemics and Other Infectious Disease Epidemics**

During pandemics and infectious disease outbreaks, nurses are responsible for a wide range of tasks, including:

- assisting in epidemic surveillance and detection, including contact tracing;
- operating in point-of-distribution clinics to screen, test, and administer vaccines and other medical countermeasures;
- implementing prevention and response strategies;
- delivering direct hospital-based care for affected individuals;
- educating patients and the public to mitigate infection risk;
- providing leadership within health systems and communities;
- counseling and supporting community members to alleviate fear and anxiety. (27).

### **Conclusion**

Nurses are essential in connecting family medicine and emergency care, greatly enhancing public health through their proficiency in patient safety, quality care, and advocacy. Nurses tackle several concerns, including environmental health, disaster response, and pandemic management, through the integration of teaching, research, and leadership. Their contributions encompass clinical settings as well as community participation, policy advocacy, and public education, promoting a comprehensive healthcare strategy. To increase these initiatives, it is essential to invest in nursing education, training, and resources, empowering nurses to address changing healthcare needs and promote systemic advancements that improve outcomes for individuals and communities.

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