### Changes | Reform or Restructure the U.S. Health Care Delivery System

With strong and weak points, the American health care delivery system is still far from perfect, and nurses are among the first groups to face its weaknesses. Thereby, this paper will explore recently-proposed health care measures and analyze the ways it may benefit or undermine both the quality of the overall system and the work that nurses do on a daily basis.

Analysis of effect - H.R. 3541 + S.834

The H.R. 3541 Act, also known as the Conrad State 30 and Physician Access Reauthorization Act, is a Congress proposal (yet to pass the House) to respond to the present and further future lack of professionals in the area of health and, therefore, excess of demand. It focuses on modifying the Conrad 30 Waiver Program, a plan meant to hold foreign medical talent working in America for a longer time than it was previously allowed. As well, this proposal is complemented by that of the S.834 Act, known as the “Resident Physician Shortage Reduction Act of 2021”, meant to increase the number of residency positions available because of the need for them given the COVID-19 crisis but also the aging of the population. Both of these acts, being presented in 2021, still have a long way to become laws, however, already being discussed in Congress, they are very relevant emerging laws that could play a significant role in the entire health care system and the nursing activity.

While the role and responsibility of nurses do not seem to be directly affected by these potential measures at first, it turns out to be once the relationship between nurses and doctors is further studied. Following Elsous et al. (Ref-A1B2C3), “although the provision of healthcare is becoming more complex, collaboration among healthcare workers can be a path to improve the quality of healthcare services especially in hospitals in which environment is characterized by ongoing interaction among professionals”. While there seems to be consensus on the work of nurses and doctors being fundamentally different, not the same emphasis is made on the fact that their activities are mutually complementary, leading to conflict and, more often than not, inefficiency. Therefore, it is crucial to consider the addition of junior doctors to the workforce as an element that could alleviate the work of nurses, as well as cover the one they cannot do and/or do poorly given their different field of origin. As well, the focus of these acts on rural areas is of utmost relevance, given these are the places where doctors are often more needed as well as absent, and where nurses tend to have excessive responsibilities. Considering this, the adoption of these emerging laws would make nurses able to focus on the specific areas they were educated to cover, as well as reduce their responsibilities in fields where they may not be specialists and/or paid to work.

## Quality measures and pay for performance - Effects

As regards the new approaches to value and quantify the work of nurses and doctors, quality measures and pay for performance seem to be on the rise, with these having an impact on the experience of patients. Speaking for nurses specifically, these new views, while often improving short-term productivity, tend to increase their stress levels and undermine performance in the long run; meanwhile, patients seem to be affected by these factors in terms of the attention they receive. This is often described as a chain, with pay-for-performance strategies increasing the chances of nurse burnout and reducing job satisfaction, and these last factors motivating absenteeism, which (among other factors) lowers the levels of quality of patient care (Ref-DJ72KL). Nurses also often feel that these practices reduce their autonomy while adding more pressure to their (already-stressing) activities, with them being expected to do “more and better”, while often doing just more and for less time.

## Professional nursing leadership and management roles

The University of St. Augustine for Health Sciences (Ref-A1B2C3) makes an important distinction between nursing leadership and nursing management, linking the former to human elements and the latter to operational aspects. Regarding nursing leadership, the institution determines the existence of at least five different styles of leaders: servant leaders, who focus on fostering the skills of each individual in a team; transformational leaders, who create a common view and motivate unity; democratic leaders, who focus on improving the system and representation of all views; authoritarian leaders, who make decisions on their own and simply “manage” team members; laissez-faire leaders, who leave actions to the decision of each individual. Regarding roles in the field of nursing management, such specific classifications are not easy to find, however, it is agreed that it implies the knowledge of healthcare as a business industry.

While the differences between nursing leadership styles are prominent, it could be relevant to highlight that all of them could be potentially useful in the right situations. Taking this into account, one could think of the case where a nurse has to get help from individuals that may not have received her same education (being nurses or not), and therefore an authoritarian leadership style could be expected as well as justified. However, in the case of a nursing team involved in a surgery, a laissez-faire leadership style could be lethal, just to mention a few examples. As well, it could be interesting to analyze how the new trends in nursing and health care overall (and the current health issues too) could be linked to these styles: possibly, a more authoritarian style could be needed as a response to the lack of professional doctors (referring to the context of the revised emerging laws); and also, the unstable COVID-19 situation could difficult a democratic approach in day-to-day nursing action, to mention just a few.

### Emerging trends

Taking into account what has been previously stated, a growing trend that cannot be ignored (no matter how many measures are implemented to reduce it) is the lack of medical professionals and the fact that the number may possibly continue to fall in the future. Along with it, the COVID-19 pandemic will certainly leave a mark on the history of health care, motivating means of change. As it happens in many other fields, degrees are starting to get more and more interdisciplinary, and nursing may not be exempt from that, with nursing study plans possibly incorporating more medicine-based content; this, while not being enough, could partially remedy the lack of medical professionals. Regarding the COVID-19 situation, and just as it happens in other fields too, all health care workers, with nurses included, could have to incorporate big data knowledge in order to be aware of real-time statistics and situations and, therefore, count with more information to action successfully (Ref-A1B2C3).

## Conclusion

Nursing, a human-made and human-oriented action, is not perfect and demands changes, just as the health care system, run by both nurses and doctors, may need. While measures are being taken and proposals are being discussed, including some of the previously mentioned ones, very much is yet to be done and other actions should be taken to prevent the potential failure of the considered plans. While doing so, and considering the strengths and limitations nursing has as a human activity, different ways of practicing it need to be considered and valued, and new tools should be presented to future health care professionals in order to boost and improve their efforts.