

The Significance of Positive Work Environments for Nurse Practitioners

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DESCRIPTION

Substance Use Disorders (SUDs), particularly those involving illicit drugs (excluding alcohol use disorder), are becoming increasingly prevalent among older adults aged 65 and older. A recent study among veterans found that between 2016 and 2019, the prevalence of SUDs rose annually by 20.2% in women and 12.7% in men in this age group. By 2021, nearly 2 million older adults were affected by SUDs. Older adults with these disorders are more likely to experience a range of geriatric health issues, such as falls, mobility impairments, chronic pain and insomnia, emphasizing the need for complete, patient-centered care for this population.

While SUDs prevalence rates are similar in rural and urban older adult populations, rural residents face greater barriers to accessing specialty SUD treatment. This lack of access often leads to delays in care, resulting in more frequent Emergency Department (ED) visits, increased healthcare costs and higher mortality rates. In 2019, a significant disparity existed, with 1149 rural counties lacking a provider who could prescribe buprenorphine for opioid use disorder, compared to just 57 urban counties. Furthermore, only 20% of syringe service programs-which help mitigate the harm associated with drug use-were located in rural areas. Rural regions also have a disproportionate shortage of primary care providers, exacerbating access issues. Transportation limitations and limited broadband availability further hinder older adults in rural areas from obtaining necessary care, including telehealth services.

Without timely treatment, rural older adults with SUDs are at greater risk for overdoses and worsening chronic conditions, which often lead to acute ED visits. Providing SUD treatment in primary care settings has been shown to reduce drug use, improve health outcomes and lower healthcare costs. Nurse Practitioners (NPs) are playing an increasingly vital role in treating SUDs in rural areas, as they are more likely to practice in these underserved regions compared to physicians. NPs are trained to deliver integral, person-centered care, which has been linked to reduced substance use and better managing treatment.

Furthermore, NPs are the fastest-growing group of rural SUD providers, with many offering buprenorphine treatment for opioid use disorder. Study has shown that higher NPs availability in rural counties correlates with a reduction in ED visits for SUD-related issues.

Despite the positive impact of NPs on healthcare delivery, barriers still exist that prevent them from fully optimizing care. Factors such as communication and collaboration with physicians, access to resources and autonomy in practice are essential to improving patient outcomes. Favorable NPs work environments-where NPs have the support and autonomy to provide continuous, complete care-have been associated with fewer ED visits for chronic conditions. Given the basic role NPs play in managing SUDs, this study aims to examine how the work environment of NPs in rural primary care settings affects ED utilization among older adults with SUDs.

Conclusion

As the prevalence of substance use disorders SUDs increases among older adults, particularly in rural areas, the need for accessible, patient-centered care has never been more important. NPs are playing an increasingly important role in providing care for rural older adults with SUDs, offering a solution to the challenges posed by the shortage of specialty providers and limited access to primary care. However, for NPs to be most effective, they must work within supportive environments that foster collaboration, communication and autonomy. Studies show that favorable NP work environments are associated with better care outcomes, including reduced ED visits, lower substance use and improved chronic disease management. Given the growing reliance on NPs in rural settings, this study will examine the relationship between NPs work environments and ED utilization among older adults with SUDs. Insight this relationship is necessary to optimizing care delivery, reducing healthcare inefficiencies and ultimately improving health outcomes for older adults living with SUDs in underserved rural communities.

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