

Factors Influencing the Implementation of Nurse Specialist in Health Care Management of a Tertiary Level Hospital

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Abstract

The present study was aimed at assessing the opinion of doctors and nurses regarding various factors influencing the implementation of nurse specialist in clinical setting of a tertiary care hospital in New Delhi. The research design was non-experimental descriptive design. A total sample of 100 (70 nurses and 30 doctors) was selected by purposive sampling from the specialty areas of Dr RML Hospital. Data were analysed using descriptive and inferential statistics. The results revealed that in speciality clinical areas, a very few nurses are possessing speciality education whereas most of the doctors are specialised in their concerned areas. Majority of the participants highly agreed to the need of the nurse specialist in the current health care system. A systematically organised course by a recognised body is necessary for the training and development of competent nurse specialist. The placement of trained nurse specialist with specific job responsibilities and proper remuneration may help to improve the competency and job satisfaction of the nurses.

Specialisation is a phenomenon that eventually occurs in almost every profession. It is a part of the maturing process and nursing is no exception. It is surprising that although in other health fields the trend is super specialty, why nursing has not reached the level of a well-established speciality services. Recently, however with social and behavioural changes in nursing practice and an improved theory basis, the issue of specialisation gained momentum and importance across the countries.

As healthcare becomes increasingly valued in our society, nurses will be expected to take more responsibility for healthcare delivery, during preventive services and referring clients who require differential care. It is obvious that there were gaps and priorities in the health services that required extension of nursing into different areas of health service management system. In view of this nurse would have to decide whether to encompass this new role or to allow it to be filled by others.

National Health Policy 2002 recognised acute shortage of nurses trained in super speciality disciplines. It recommends increase of nursing personnel in public health delivery centres and establishment of training courses in super specialties for nurses. At the same time in most of the institutions nursing service is practiced with only basic education programme in nursing. Is it adequate for the complex

and advanced functions in specialities. In this scenario it is better to assess the opinion of the health care personnel regarding Nurse specialist.

The investigator observed that in hospitals educational preparation is inadequate, measures for retention of nursing talent, ineffective, utilisation and turn-over in the specialty and super specialty areas of the hospitals low. Despite the existence of specialty care units nurses with specialised training are hardly being posted in these units. The result is that the quality of nursing care is going down and the contribution of nursing service in terms of standard care is reducing day by day. So the investigator felt that to raise the quality of health care for consumer and for professional satisfaction, there is a need for Nurse specialist.

The present study aimed at assessing the opinion of doctors and nurses about the various aspects of Nurse specialist. Their opinion will give an insight into their cognitions about the idea of introducing a Nurse specialist. This in turn, would provide guidelines for planning a change in education and placement of Nurse specialist. Having a nurse specialist in health care team would improve quality of nursing care and client satisfaction.

Objectives

1. To ascertain the qualification of nurses posted in the specialised departments of a tertiary hospital.
2. To assess the acceptance of nurse specialist by the doctors and nurses in specialty areas.

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3. To ascertain the opinion of the nursing personnel and doctors in different specialties of a tertiary hospital regarding the various factors influencing implementation and utilisation of Nurse specialist.
4. To identify the obstacles in developing specialised nurses.
5. To assess the awareness level of nurses regarding the existing nursing specialty courses in India.

Review of Literature

Peter Carter (2013) studied the need of specialist nurse-based care in two different studies. He emphasised that specialist nursing provides an essential service for millions of people living with long term conditions. The Progressive Supranuclear Palsy (PSP) association, after a survey, says that a nurse specialist saves the NHS over 43812 pounds in consultant appointments, fewer unexpected hospital admissions and bed days.

In an another study RCN member Marina Lupari introduced Chronic Illness Case Management Service (CICM) by nurse specialist and found that bed days were reduced by 59 percent, and patients also reported feeling generally improved, saying support from the CICM enabled them to function better. The difference in average cost per patient was 1493 pounds lower compared with those patients who got standard care.

Scherff & Siclovan (2009) described that CNSs exercise their expertise through population-based care across three spheres of influence: (patient/family, nurse/ other professionals, systems) and CNSs employ seven core competencies in their practice: direct care, consultation, system leadership, collaboration, coaching, research, and ethical decision making.

Melanie Kalman (2008) suggested that the specialist nurses are needed because they “groom the young, mentor the present and next generation of nurses, bring new clinical nursing knowledge to the institution, and an integral part to developing standards of practice”. Clinical nurse specialists have demonstrated their worth by shortening hospital stays, reducing complications, and increasing patient satisfaction and staff retention.

Regarding the educational preparation of the Nurse specialist, Sharon Vanairsdale (2017) said: Certification made us a better nurse and is an igniter to advance in professional development. It's a contribution to nursing. Not only does it raise the stature of nursing profession, but it also helps to improve patient care. Certification giving credibility to nurses as being certified the nurse has proven competency in several fields.

Foster & Flanders (2014) expressed that challenges during the educational process as well as the implementation in practice can be barriers to optimisation of the role, denying the public full benefit from the potential of CNSs.

The IOM report (the Future of Nursing: Leading Change, Advancing health, 2011) by the Institute of Medicine, USA conveys one of the key messages relevant to CNS education as “nurse should achieve higher levels of education and training through an improved education system that promotes seamless academic progression. This goes in hand with the standardisation of educational programmes as set forth by the Advanced Practice Registered Nurse (APRN) consensus model, which at this time requires a minimum of a master's degree.

A high-power committee of the Government of India (1989) felt the need of specialisation in nursing and recommended the preparation of specialised nurses as, “specialty courses at post graduate level be developed at certain special centres of excellence, e.g., AIIMS, PGI Chandigarh, All India Institute of Hygiene and Public Health for clinical nursing specialties and community nursing. The committee strongly suggested that nursing personnel wishing to participate in programmes of continuing education and training and capable of doing so should be given the necessary facilities.

Methodology

In view of the nature of the problem a descriptive survey design was adopted. The present study is an attempt at systematically finding the facts and characteristics of population in terms of opinion with regard to various aspects of nurse specialist and compares the opinion based on facts characterised by the selected population. The data were collected from 70 nurses and 30 doctors by purposive sampling method from speciality areas of Dr Ram Manohar Lohia Hospital, New Delhi.

The data collection technique used for the present study is questioning through a paper pencil test “opinionnaire”. The tool used for collecting data was an opinionnaire prepared specially for the purpose. It is a semi- structured opinionnaire developed to ascertain the opinion of doctors and nurses. Sub section of the opinionnaire had one open-ended item at the end. A three-point (agree, disagree, and undecided) scoring system was adopted for computation of frequency and percentage of participant response.

Content validity of the tool was established by giving the opinionnaire to 10 experts from the fields of nursing. There was 100 percent agreement with the content but they suggested modifying the

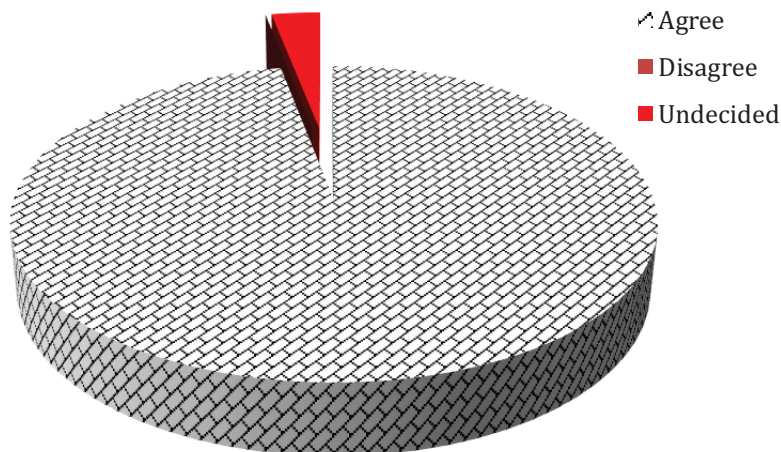


Figure 1: Response about the need for Nurse Specialist.

language of some of the items which was done and revalidation attained. The reliability of the tool was checked by using test-retest methods on 20 subjects. There was an interval of seven days between the test and retest. The tool was found to be reliable and the reliability coefficient is $r = 0.87$.

A pilot study was done on 30 subjects who were working in speciality areas of selected hospitals with similar settings in Delhi. Formal administrative approval to conduct the study was obtained from Medical Superintendent of Dr RML Hospital. Data were collected by administering the tool to 115 sample subjects from 01 April 2018 to 15 May 2018. Informed consent taken from each participant.

Descriptive statistics applied to achieve the objectives of the study. The data were analysed and interpreted on the basis of the objectives of the study. Group comparisons were made on the basis of similarities and differences among the groups studied.

Results

Demographic Findings

Regarding professional education, 61.42 percent nurses were basic degree holders. Only 4.2 percent of participants possessed a master degree and 2.8 percent people had diploma in nursing management specialities. The findings indicate that none of the nurses possessed a clinical speciality diploma whereas majority (56.6%) of doctors were post graduates and (26.6 %) doctors were super

specialised in various clinical specialties.

Among the total participants majority (39%) were having only ≤ 2 years of experience in their speciality clinical area. However, 31.73 percent nurses possessed ≥ 6 years of speciality experience whereas only 3.3 percent doctors had that much experience.

Acceptance of Nurse Specialist

All (100%) nurses and 96.6 percent doctors highly agreed with the need of a nurse specialist in present health care system. Only a negligible percentage (3.3%) of doctors disagreed with the need.

Findings regarding various aspects of Nurse Specialist

Functions: 92 percent of the participants consider that planning and implementation of various illness prevention measures in working environment is the major function of nurse specialist. All doctors (100%) said that to initiate and be involved in life saving interventions and illness prevention, proper work settings are to be ensured by nurse specialist. At the same time, Nurses gave highest priority to plan and conduct health research as major function of nurse specialist (90%). The functions like to develop and practice incident management skills, educate the patient regarding rehabilitation and follow up, active participation in decision making regarding patient care activities are also highly accepted by the candidates.

Status: Majority (78%) of the participants agreed that preparation of nurse specialist in health care system will improve the standard and status of nursing service. Regarding the placement of the nurse specialist in the hierarchical system, majority (69%) of the participants agreed to place them at

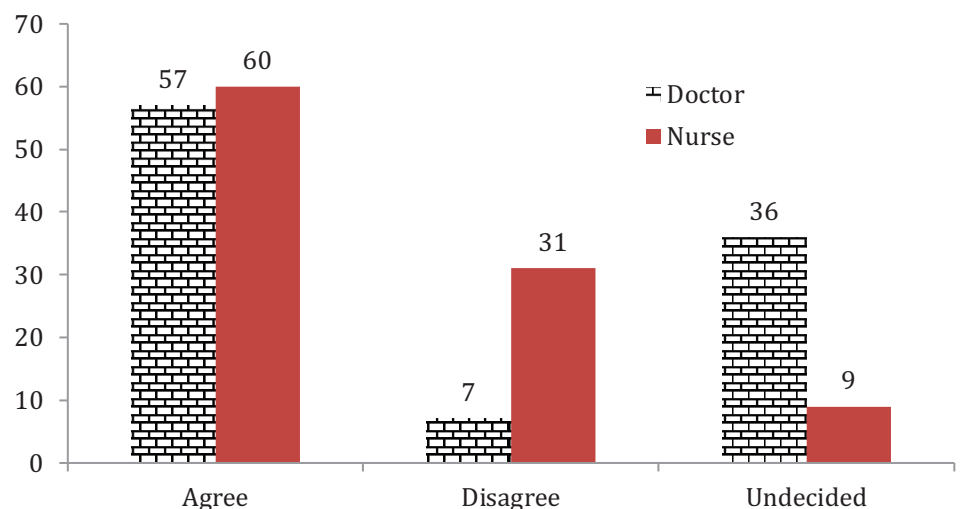


Figure 2: Respondents, percentage response towards specialist qualification.

par with nursing officer with specific job responsibilities. Considering the remuneration of the nurse specialist, 54 percent of the participants agreed with the salary equal to nursing officer with some sort of qualification allowance.

Educational Qualification: Figure 2 indicates that 60 percent of nurses and 57 percent of doctors agreed that nurses working in speciality area should be specialised in concerned area; 31 percent of nurses disagreed with the response whereas only 7 percent doctors disagreed with this response.

A majority of (59%) participants agreed that it would be made mandatory that a nurse working in a specialized area should possess a specialist qualification.

Regarding the educational qualification of the nurse specialist, (64%) of the participants agreed that a specialist nurse should possess a BSc / Post BSc nursing with a specialty diploma course. A post-graduate degree (Msc Nursing) in particular specialty also moderately agreed (52%) by the candidates. A diploma in nursing (GNM) with two year experience and specialty diploma course is least agreed (22%) by them.

Obstacles

While discussing the obstacles that prevent nurses to participate in specialty courses, the participants had highest agreement (69%) to the response that lack of specific job opportunity and promotional chances of nurse specialist and least agreement (42%) to the limited training institutions.

It was found that doctors have highest agreement (86.7%) to lack of monetary benefits and least agreed (30%) to limited training institutions. Nurses' highest agreement (64.29%) to the reasons that difficulty in getting leave and lack of specific job opportunity and promotional chances prevent nurses from joining specialty courses. Nurses least agreed (45.71%) to lack of monetary benefits prevent nurses from joining the specialty courses.

Awareness Level

Among the 70 nurses only 8 nurses (11.42%) are known about the specialty courses conducted by Indian Nursing Council.

Discussion

In this study, 96 percent of nurses working in specialty areas are having only basic nursing education whereas 83 percent of doctors working in specialty areas are specialised in their clinical areas; 99 percent of the participants agreed to the need of a Nurse specialist. The majority of the participants agreed that a nurse specialist is essential to guide the colleagues to develop expertise nursing care

practice (83.3%). The reasons like needs of patients in specific areas are special in nature and integration of nursing practice with patient preference is also highly agreed by the participants.

Majority of the participant (71%) were dissatisfied with the existing nursing service system, they pointed out that lack of standardised nurse patient ratio and the lack of advanced educational preparation and training of nurses are the major reason for that.

Majority of the participants (>75%) agreed that a Nurse specialist can perform various patient care-related functions like illness prevention, life saving interventions, incident management, and health research.

About 59 percent of the participants agreed that the nurses working in specialty area should be specialised in their concerned specialty area; 64 percent of participants agreed that a degree in nursing with specialty diploma will be the educational qualification of the nurses' specialist. Majority of participants (>70%) agreed that specialisation in nursing improves standard and status of nursing service. The participants highly agreed that the provision of better job opportunities to nurse specialist, strengthening the present training institutions and establishment of new institutions will help raise the status of nurse specialist.

The placement of Nurse Specialist at a level of nursing officer with specific job responsibilities and qualification allowance was agreed by majority of participants (>50%). The participants had highest agreement to a post graduate course recognised by INC as the Nurse specialist course (55%).

Both doctors and nurses consider critical care nursing, emergency and disaster management nursing, cardiac care nursing were the most needed areas for organising a speciality course. Doctors considered that lack of monetary benefits (87%) is the major obstacle whereas nurses agreed (64%) to difficulty in getting leave and lack of specific job opportunity and promotional chances that prevent nurses from joining specialty courses.

Only 11 percent nurses were aware about the existing speciality courses in India.

Recommendations

1. Nursing speciality courses developed by Indian Nursing Council (INC) can be started in this type of fully equipped tertiary level institutions.
2. The implementation of the Special Inspection Unit (SIU) norms in the clinical areas along with provision of advanced education and training of the specialty area nurses should ensured. Initiating specialty courses may help

the administration to meet the needs of patients without creating shortage of staff. It is obvious that the presence of Nurse specialist help the hospital administration to provide a comprehensive response in a cost effective manner.

3. It is necessary to strengthen the present and start new specialty training institutions to maintain the quality nursing service
4. A speciality diploma course can be organised with 10-15 students for a period of 1 year. The course can be organised by parental institutions in specialty areas of authorised hospital open to qualified students. The service of senior nursing staff from the speciality area, nursing teachers from school and college of nursing, teachers from other disciplines can be used. A comprehensive evaluation and certification will help to develop a new generation of specialty nurses.
5. INC may reorganise the present curriculum of the nursing diploma courses in to Residency Programme (20: 80 proportion of theory and practical) as suggested by the participants.
6. Awareness programme for nurses regarding the specialisation courses can be organised by Continuous Nursing Education (CNE) cell of individual hospitals.
7. Administration should develop a continuing education policy and relieve the interested nurses to undergo the specialty courses.
8. Career ladder, recruitment rules and specific job responsibilities may be revised and developed by Ministry of Health and Family Welfare. Time bound promotion linked with performance appraisal may be developed for specialty nurses.

Directions for Future Research

- A similar study can be conducted on a large sample in all India basis with the help of nursing associations and the Government
- A comparative study can be conducted on different public and private hospitals regarding the existing nursing service system
- A study can be conducted on the effectiveness of the nurse specialist in different clinical areas.

Nursing Implications

The health care professionals like doctors and nurses highly expressed the need of introduction of Nurse specialist. The patient needs in specialty areas are very specific in nature in every aspect like medicines, diet, psychological needs, personal needs, mechanical and technological support etc.

Specialised nursing education and training is needed to manage all these needs.

There is a strong dissatisfaction regarding the existing nursing service system among the health care professionals. The implementation of the Special Inspection Unit (SIU) norms in the clinical areas along with provision of advanced education and training of the specialty area nurses will help to ensure the comprehensive and holistic care of patients. This will lead to the speedy recovery and time bound discharge of the admitted patients so that new patients will get health care in time. Initiating speciality courses may help the administration to meet the needs of patients without creating shortage of staff.

The nurse specialist can perform the preventive measures against illness and educate the patients regarding the importance of follow-up and rehabilitation. Nurse specialist can have an accountability to plan and conduct health research as they are deal with thousands of patients and disease conditions everyday. Also as patient unit manager in hospital settings the Nurse specialist may play a major role in decision making regarding the matters related to patient care.

A qualified Nurse Specialist in different specialty areas may improve the standard and status of nursing service which will definitely reflect in patient care delivery in a progressive way. The placement of trained Nurse specialist with specific job responsibilities in an appropriate level with proper remuneration may help to improve the competency and job satisfaction of nurses. This in turn helps to ensure the retention of specialised nurses in specialty areas.

A systematically organised course by a recognized body is necessary for the training and development of competent Nurse Specialists. The master degree in specialty or a specialty diploma can be made compulsory for the nurses working in specialty clinical areas. Proper awareness regarding the courses and provision of financial support along with specific job opportunity and promotional chances will encourage the nurses to become a nurse specialist. Nurses interested to work in specialty areas may undergo specialisation course and develop their competency.

There is a strong need for change with regard to the re organisation of health services, recruitment and promotional policy and practice. As the immediate health care team member and the major decision makers in health service management system, the highest agreement of the doctors to the need of Nurse specialist may boost up the utilisation of specialised nurses in health care delivery system.

Conclusion

Introduction of specialist Nurse in our health care system may get high acceptance among health professionals. The qualified specialist nurse can enhance the quality patient care and status of nursing practice.

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Corrigendum

In the article by Meena Ganapathy published in July-Aug 2020 (Vol. CXI, No. 4) issue of NJI, an error has inadvertently gone in the title at page 147 (Overview of Redefining Nursing: An Overview). The title may be read as, 'Overview of Redefining Nursing'.

The error is regretted.

- Editor

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