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Specialist Nurses Make a Difference

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This briefing is an overview of the role and contribution of specialist nurses to patient care, clinical outcomes and health service provision in a context of future reduced NHS funding.

The following organisations have previously commented on the importance of specialist nurses:

“Access to a Parkinson’s Disease Nurse Specialist is the number one campaign priority for people with Parkinson’s. These nurses not only ensure patients are able to manage their symptoms effectively, they also offer the local health organisations opportunities to innovate how care is delivered.” Lesley Carter, Head of Influence and Service Development, Parkinson’s Disease Society

“Stroke patients are more likely to survive (by around 25 per cent), make a better recovery and spend less time in hospital (by six days) if they are admitted to a stroke unit. The role of the specialist stroke nurse is vital within this team to ensure patients receive the specialist care needed to make the best recovery possible.” Jon Barrick, CEO, Stroke Association

“Diabetes specialist nurses play a fundamental role in delivering diabetes care. Supported self management is the cornerstone of diabetes care and diabetes specialist nurses are a lynch pin in supporting people with diabetes to self manage their condition through the provision of education and information.” Spokesperson, Diabetes UK

“Rheumatology nurse specialists are ‘the cornerstone of the multidisciplinary team’. One of the vital roles performed by a nurse specialist is being able to talk through all the emotional issues and fears a patient may have following diagnosis.” National Rheumatoid Arthritis Society

Ref: Royal College of Nursing (2008)

Executive Summary

Specialist nurses and nurse practitioners are nurses who have been educated to degree level or above and who hold specialist knowledge, skills, competencies and experience. Practising at an advanced level, they often have sole responsibility for a care episode or defined client/group. There are a wide range of roles encompassed by the broad application of the term specialist. These have arisen from various needs: nursing expertise growing and 'pushing the boundaries' of existing roles; clinical developments leading to nurses finding new roles with greater autonomy; meeting service needs by substituting for doctors or filling identified gaps. Evaluation of these roles is difficult due to these variances, but despite this a number of research studies have explored the role and impact of a range of specialist nurses.

There is evidence of positive impacts in terms of patient outcomes and of wider indirect impact on systems and processes of care. Specialist nurses provide leadership and have a positive impact on training and education of other staff.

There is further evidence supporting high levels of patient satisfaction with specialist nurses, not only in relation to their direct impact on improvements in symptom control and other aspects of care, but also in their effective liaison across other professionals and their role in communicating effectively with patients and their carers.

Randomised controlled trials have shown favourable comparison to doctors in relevant settings although specialist roles are not exclusively intended to act in this way. More research work is needed on evaluating the breadth, value and impact of specialist roles rather than focussing on this limited aspect. Larger scale studies, which incorporated the patient perspective, would be especially valuable.

Specialist nurses encounter challenges which hamper their effectiveness, predominantly lack of organisational support and funding. There is a fear that due to the ageing workforce and spending deficits, specialist nurse roles are in danger of compromise or reduction.

The current drive to improve the quality of care includes approaches which 'organise care around the individual, meeting their needs not just clinically but also in terms of dignity and respect' and embracing their wider circle of family and carers (DH 2008). Bringing together clinical expertise, facilitation, leadership, education and liaison skills and often working across boundaries, specialist nurses are a valuable asset for organisations striving to achieve quality improvement.

What is a specialist nurse?

Specialist nurses¹ have been described as ‘a powerhouse for practice, their energy and drive providing a vital contribution to the quality and development of nursing practice centred on the needs of individuals’ (Humphris 1994). Their value was clearly recognised in the NHS Plan (DH 2000) with a call for their increase in order to improve service delivery and patient satisfaction. Clinical nurse specialists and nurse practitioners are the earliest examples of specialist nurses. More recent is the emergence of the advanced nurse practitioner and the nurse consultant (Adams et al, 2000). The latter role emerged from a Health Service Circular (DH, 1999) regarding the need to provide opportunities in England for experienced nurses to extend their roles and sphere of influence; and provide them with the means to maintain their clinical practice while operating at a strategic level.

Clinical nurse specialists and nurse practitioners:

- educated to at least degree level
- possess specialist knowledge, skills, competencies and experience
- key role components:
clinical focus, consultancy, involvement in education, research, liaison and administration.

Advanced nurse practitioners and nurse consultants:

- educated to at least Masters level, ideally Doctorate level
- exhibit up-to-date specialist knowledge and research skills wide range of strategic, political, operational and clinical skills
- key roles components:
expert practice; leadership; education; and research.

All specialist nurses perform at a highly sophisticated level of practice, often working independently with sole responsibility and accountability for an episode of care for defined patient or client populations. They plan, assess and evaluate, with patients, the effectiveness of the treatment and care provided, make changes as needed and ensure the provision of continuity of care including follow-up visits. They may carry out physical examinations and make diagnoses; use their expert knowledge and clinical judgement to decide on and carry out treatment, including the prescribing of medicines; or refer patients for investigations or to an appropriate specialist. In addition they all to greater or lesser degrees promote, develop and advance nursing at clinical, policy and strategic levels (NMC 2005).

This rich diversity of roles has emerged for a variety of reasons. Growing nursing expertise has been linked to the extension, expansion and development of nursing roles (Callaghan, 2007). Clinical developments have created opportunities

¹ In this document, the term specialist nurse will be used to cover the wide range of nursing titles which currently encompass nurses whom the profession would regard as ‘specialists’ in some way. Appendix 1 gives a list of areas with specialist nursing input.

for nurses to take on new roles and have offered nurses greater control over nursing practice as they take on roles which encompass diagnosis, assessment, prescribing and referral (Mantzoukas and Watkinson, 2007). This can be seen especially in the development of nurse-led clinics, nursing development units and nursing triage. It has also been observed in some cases that new specialist roles presented as professional projects have also served “service needs for substituting medical with nursing labour...” (Adams et al 2000).

Can we show they are effective?

Evaluating the effectiveness of specialist nursing roles in the NHS presents a key challenge for nursing. Specialist nursing roles have arisen to meet a variety of needs. There is little consensus surrounding the terminology and definitions assigned to specialist nursing titles, roles, and functions. While this is understandable given the context in which they have been created, together with the unique nature of each specialism, such confusion and ambiguity makes any evaluation of the role and impact of specialist nurses challenging.

While some direct impact can be evaluated, the nature of the role often “lends itself to indirect rather than direct patient outcomes” (Daly and Carnwell, 2003: 164) with much evidence being subjective and opinion-based (Booth et al., 2005). A limitation of many current studies is small sample sizes, which makes generalisation of findings difficult. There is a clear need for larger scale, systematic and rigorous evaluation research exploring the direct impact of the specialist nurse on patient and health outcomes which includes the patients’ perspective. In addition, specialist nurses also impact both on the healthcare organisations in which they work and on the continuing development of nursing as a profession, primarily through ensuring the continued growth of nursing expertise for the benefits of patients and nurses.

What evidence is there of the direct impact of the specialist nurse?

Randomised Controlled Trial Evidence

A number of randomised controlled trials² undertaken during 1999-2008 compared the care and practice of nurse practitioners and doctors in primary and acute settings and reveal some impressive results on the efficacy and effectiveness of the nurse. In all studies, nurse managed care was deemed to be as effective as care managed by doctors, with patients reporting higher levels of satisfaction with nurse managed care in the majority of studies. These studies are described below.

Patients with arthritis seen by specialist nurses had greater change scores on the Arthritis Impact Scale and Improved Rheumatology Attitude Index than those seen by routine clinic staff demonstrating that those seen by a specialist nurse had a greater feeling of being able to control their arthritis than those in the other

² Generally regarded as a high level standard of research evidence.

group. Changes in a score looking at disease activity (Disease Activity Score) were greater with statistical significance at 12 months indicating that this group did better than the control group in terms of reducing disease activity (Ryan et al., 2006). The preparation of patients for diagnostic cardiac catheterisation can be safely performed by appropriately trained nurse practitioners. This approach may be associated with improved patient satisfaction and reduced clinic duration times (Stables, et al., 2003).

While patients with minor illnesses in general practice were very satisfied with both nurses and doctors, there were significantly more satisfied with their consultations with nurses (Shum et al., 2000). If nurse practitioners can maintain the benefits while reducing the number of return consultations or shortening consultation times they could be more cost effective than GPs. (Venning et al., 2000). Looking at outcomes for patients requesting 'same day consultations' seen by either nurse practitioner or general practitioner, resolution of symptoms and concerns, numbers of prescriptions issued, referrals made, or re-attendances were no different. However patients consulting nurse practitioners received more information, longer consultations and were significantly more satisfied with care received (Kinnersley et al., 2000). Specialist nurses were better at recording medical history and fewer patients seen by them had to seek unplanned follow up (Sakr, et al., 1999).

Nurse practitioner-led care for stable patients within a chronic chest clinic is as safe and effective as doctor-led care, but may use more resources due to the number and duration of appropriate hospital admissions. (Sharples et al., 2002). Patients reported that emergency nurse practitioners were easier to talk to and were overall more satisfied with treatment from nurses. While there was no difference in outcomes, the specialist nurses clinical documentation was better than the senior house officers (Cooper et al., 2002).

Community nurse supported (CNS) discharge programme of hospitalised patients with chronic heart failure was effective in preserving independence (Kwok, et al., 2008). Rheumatology Nurse Practitioner (RNP) care is both safe and effective, and the RNP brings additional benefits in the form of greater symptom control and enhanced patient self-care (Hill and Thorpe, 2003). Comparison of Parkinson's disease nurse specialists and GPs' scores on a global health question were significantly better in the CNS group and with no difference in costs (Hurwitz, et al., 2005).

Longitudinal, survey and qualitative evidence

While it is tempting (and relevant in some cases) to compare nurse specialists against medical colleagues, it is important to bear in mind that many specialist roles have developed as a complementary and integrated part of the multidisciplinary team. Therefore it is worth looking at the impact of the role itself rather than in comparison to other team members. A recent study explored the impact of the introduction of a CNS into the team caring for patients with chronic hepatitis C through comparing patient treatment rates both pre and post-intervention. Following the introduction of the CNS, there was a significant improvement in patient follow up and treatment rates approximately doubled. Improved attendance at follow up clinics was reported to have led to improved biopsy rates with consequent impacts on appropriate treatment regimes. Furthermore, there was a reduction in the dropout rate from treatment (Shutt, et al., 2008).

Research undertaken by Sutton et al (2004), reports impressive reductions in infection rates as a direct result of employing a nutrition clinical nurse specialist in caring for critically ill patients requiring parenteral nutrition. These reductions in infection rates were achieved without any increase in costs, highlighting how specialist nurses not only bring added value for patients, but also value for money for their organisations.

A study tracking the activity of a critical care nurse consultant over a four month period reflected two important themes (clinical reasoning and clinical instruction) within their practice. The study concludes that clear impacts on safety and quality of care were facilitated and supported by the nurse as a result of this way of working. This encompassed holistic nursing assessment and symptom focussed physical assessment leading to decision making about diagnosis and treatment of patient problems and also clinical deliberate instructive processes aimed at members of the multidisciplinary team when there were errors of judgement, deviation from agreed standards and prescribed treatment or inappropriate care (Fairly and Closs, 2004).

Other impacts reported in the literature include: positive impact on symptom control and psychological care (Jack et al., 2002); reductions in unnecessary admissions (Chaney et al., 2007); developing services for the benefits of patients (Dawson and McEwen, 2005; Reed et al., 2007); and fostering a culture of holistic patient-centred care (Chaney et al, 2007; Ryan et al., 2007; Manley et al., 2008a-c).

Specialist nurses play a key role in leadership, not only in relation to other nurses, but as part of a much wider sphere of influence (Robertson and Baldwin, 2007). Leadership in this context can be considered in relation to clinical decision making; the shaping of policy and healthcare programme planning; the formation of partnerships; and project management. As specialist nurses spend a proportion of their time in clinical practice, they are often regarded as role models (Gibson

2001) and their leadership and advocacy is pivotal in directly reflecting the needs of patients.

In relation to service development and provision specialist nurses have been shown to have a perceived impact on the training and development of staff (Fairley and Closs, 2004; Jack et al., 2004; Coster et al., 2006; Gerrish et al., 2006; Woodward et al., 2006; Ryan et al., 2007). They are also effective in reinforcing and supporting the implementation of evidence based practice through the use of guidelines and protocols (Gerrish et al., 2006). The knowledge and experience of specialist nurses is instrumental in the expansion of patient support networks. In addition to formal referrals, patients often benefit from informal suggestions and signposting to external services; for example, certain charities and support groups being available to unite people with the same health condition.

There is evidence to suggest that there are high levels of patient satisfaction with specialist/advanced nursing care (Barr et al., 2000; Easton et al., 2004; Williams and Jones, 2006), and some studies have tried to capture the impact of specialist nurses from the patient's perspective. Attributes such as effective liaison across a range of professional and other groups, and effective communication about symptoms, treatment and emotional issues with patients and their carers are often cited by patients as valued aspects of specialist nurses (Corner et al 2003).

A national survey of health advocacy groups demonstrates this patient and public view of the value of specialist nurses very effectively (RCN/National Voices, 2009). The survey results showed that patients consistently rated specialist nurses higher than any other health and social care professional in understanding patient needs; designing and implementing care pathways; obtaining patient feedback; and being transparent and honest. The survey recommends the need to 'deploy and make greater use of specialist nurses to articulate patients needs' (RCN/National Voices, 2009).

A range of personal attributes have been cited as underpinning the specialist nurses' ability to forge the types of links cited above and to effect changes in practice and ensure effective systems of care. Such attributes include: adaptability, assertiveness, flexibility, negotiating skills, conflict resolution and change management (Gibson 2001). It has been argued elsewhere that such skills are essential to the provision of safe and effective care (Christensen and Hewitt-Taylor 2005) and moreover, that in an increasingly complex environment, effective adaptive organisations need to optimise the 'talent and knowhow of the work force' (Humphris 2002).

National Guidance Evidence

The specialist nurse's key role in effecting the implementation of safe and effective care is being increasingly formally recognised within national evidence based guidelines. For example, recent guidelines on diagnosis and treatment of

early and locally advanced breast cancer require that all patients with breast cancer are assigned to a named breast care nurse specialist to support them throughout diagnosis, treatment and follow-up (National Collaborating Centre for Cancer, 2009). Evidence from Scotland recommends that all patients newly diagnosed with cervical cancer should have access to a clinical nurse specialist for support, advice and information (SIGN, 2008). Further evidence from NICE describes in detail the specific role and function of the rheumatology nurse specialist as an integral part of the multidisciplinary team where these nurses act as the coordinator of care for patients with this condition (National Collaborating Centre for Chronic Conditions 2009). In guidance on surgical site infection there is a recommendation to 'refer to a tissue viability nurse (or another healthcare professional with tissue viability expertise) for advice on appropriate dressings for the management of surgical wounds that are healing by secondary intention' (National Collaborating Centre for Women's and Children's Health 2008).

Healthcare professionals working with people with chronic kidney disease are guided to take account of the psychological aspects of coping with the condition and offer access to appropriate support (for example, support groups, counselling or a specialist nurse) (National Collaborating Centre for Chronic Conditions, 2008). Similarly, men with prostate cancer require individualised information which, should be 'given by a healthcare professional (for example, a consultant or specialist nurse)' (National Collaborating Centre for Cancer, 2008).

The NICE Diabetes in Pregnancy guideline refers to the National Service Framework (NSF) for Diabetes and notes its recommendation that antenatal care for women with diabetes should be delivered by a multidisciplinary team which should include a diabetes specialist nurse (National Collaborating Centre for Women's and Children's Health 2008). A report on progress against this NSF describes the way some NHS trusts have found that 'employing diabetes inpatient specialist nurses, diabetes specialist nurses or diabetes nurse educators has significantly reduced inpatients' length of stay' reflecting the benefits 'both financial and related to patient experience' of investing in them (DH, 2008).

Challenges Facing Specialist Nurses

Factors associated with high levels of impact have been identified as strong medical support (Coster et al., 2006) and explicit organisational support, investment and commitment (Woodward et al., 2005). Barriers affecting impact have been identified as heavy workload and lack of resources (Gerrish et al., 2006); lack of investment in supporting specialist nurses to obtain academic development to Masters or PhD level (Redwood et al., 2007); and insufficient organisational support (Willard and Luker, 2007). Research has also highlighted deficiencies in the level of organisational commitment, investment and support, which are required if expert nurses are to fulfil their potential (Charters et al., 2005; Dawson and McEwen, 2005; McSherry et al., 2005; Woodward et al., 2006; Gerrish et al., 2005; Dawson and Coombes, 2006; Redwood et al., 2007; Reed et al., 2007; Willard and Luker, 2007).

In order to address the confusion surrounding the range of titles, levels of attainment and role clarity, there have been calls for nationally agreed programmes of educational preparation (Charters et al., 2005; Czuber-Dochan, 2005; Gerrish et al., 2006; Chaney et al., 2007; Redwood et al., 2007; Willard and Luker, 2007). Others have proposed a requirement for regulatory bodies to protect, through legislation, nursing titles (Czuber-Dochan, 2005; Willard and Luker, 2007) findings that are endorsed by Bryant and Lukosius (2004) and Por (2008).

The RCN has published guidance on the preparation and competencies required for Advanced Nurse Practitioners (ANP), including information on the role, qualifications and area of practice of the ANP; the RCN domains and competencies for advanced practitioner practice; and revised standards for the accreditation of ANP educational programmes (RCN, 2008a).

A survey in 2008 highlighted the continued haemorrhaging of specialist nursing expertise (RCN, 2008b). More than one third of nurses reported their organisations had a vacancy freeze in place, with 25 per cent of nurses reporting being at risk of redundancy, and 20 per cent still at risk. Despite the NHS being on track to register a £1.8m surplus, specialist nurses continued to be targeted in a bid to cut costs, and yet it is these nurses who are at the centre of the government's plans to deliver care and treatment closer to home (RCN, 2008b). The survey also highlighted that 45 per cent of specialist nurses reported having to work outside their specialist area to cover staff shortages; 68 per cent reported having to see more and more patients; and 47 per cent said they were of being downgraded (RCN, 2008b). Most recently figures published from the NHS Vacancy Survey 2009 have revealed that among qualified nursing staff, total vacancies rose from 2.5 per cent in 2008 to 3.1 per cent, with long-term vacancies also increasing from 0.5 per cent to 0.7 per cent. This news has provoked concern in the national press that valuable expertise is not lost from the workforce (Channel4 2009; Rose 2009).

Conclusion

There are a wide variety of specialist nursing roles currently within healthcare. This diversity has had the effect of diluting a broad appreciation of their impact. The evidence shows that they are highly regarded by patients and their carers and seen as role models and leaders by the wider healthcare team. Their potential to drive the safety and quality of care and to improve patient outcomes can be demonstrated and is clearly recognised in current national evidence based guidelines. However, the literature also reflects that despite their potential value to the health service, many experience barriers in being able to fully realise their potential.

In a climate where quality and safety are the key goals for organisations across the spectrum of healthcare, it is clear that specialist nurses are a valuable resource with the drive and potential to deliver. Strategic support and more research into their impact would greatly enhance our understanding of the full benefits of their activities.

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Appendix 1: List of Nursing Specialties

Accident and Emergency/Minor Injuries	Fertility
Addictions	Gastro- Intestinal
Admiral Nurse- (support families affected by dementia)	Genetic
Alcohol	Genitourinary medicine
Allergy	Gerontology
Anaemia	Glaucoma
Anti- Coagulation	Gynaecology
Arrhythmia	Haematology
Asthma	Headache
Bariatric	Heart Failure
Blood transfusion	Hepatitis C
Breast Care	HIV
Burns	Huntington's Disease
Cancer: Breast	Immunisation
Chemotherapy	Infection Control
Colorectal	Infectious Diseases
Gynaecological	Inflammatory Bowel Disease
Haematology	Infusion Systems
Head and Neck	Intermediate Care
Lung	Intravenous therapy
Neurological	Liaison Nurse Specialist
Ophthalmic	Lymphoedema
Prostate	Lymphoma
Radiotherapy	Macmillan (Oncology)
Sarcoma	Menopause
Skin	Mental Health
Upper GI	Multiple Sclerosis
Urology	Neonatal
Cardiology: Cardiac Rehabilitation	Neuroscience/neurology

Cardiac Surgery	Neuromuscular
Cataract	Nutrition
Child Protection	Obesity
Children's Disability	Ophthalmic
Challenging Behaviour	Orthopaedics
Coronary Heart Disease	Parkinsons Disease
Child and Adolescent Mental Health	Paediatric
Cleft	Pain
Cognitive Behavioural Therapy	Palliative Care
Colitis	Progressive Supranuclear Palsy
Complex Care	Renal
Community Intravenous	Respiratory
Community Public Health	Resuscitation
Congenital Heart Disease	Retinal Screening
Continence	Rheumatology
Critical Care	School Nurses
Crohn's Disease	Sexual Health/family planning
Cystic Fibrosis	Smoking Cessation
Deliberate Self Harm	Stoma
Dementia	Stroke
Dermatology	Substance Misuse
Diabetes	TB
Discharge nurse specialist	Tissue Viability
Endocrinology	Trauma
Epilepsy	Urology
	Vascular