An Exploration of Nursing and Midwifery Roles in Northern Ireland's Health and Personal Social Services (HPSS)

Summary Report

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An Exploration of Nursing and Midwifery Roles in Northern Ireland's Health and Personal Social Services

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Research Team

Professor Hugh McKenna,
Dean of the Faculty of Life and Health Sciences, University of Ulster.

Roberta Richey,
Research Associate,
Institute of Nursing Research and School of Nursing, University of Ulster.

Sinead Keeney,
Senior Research Fellow,
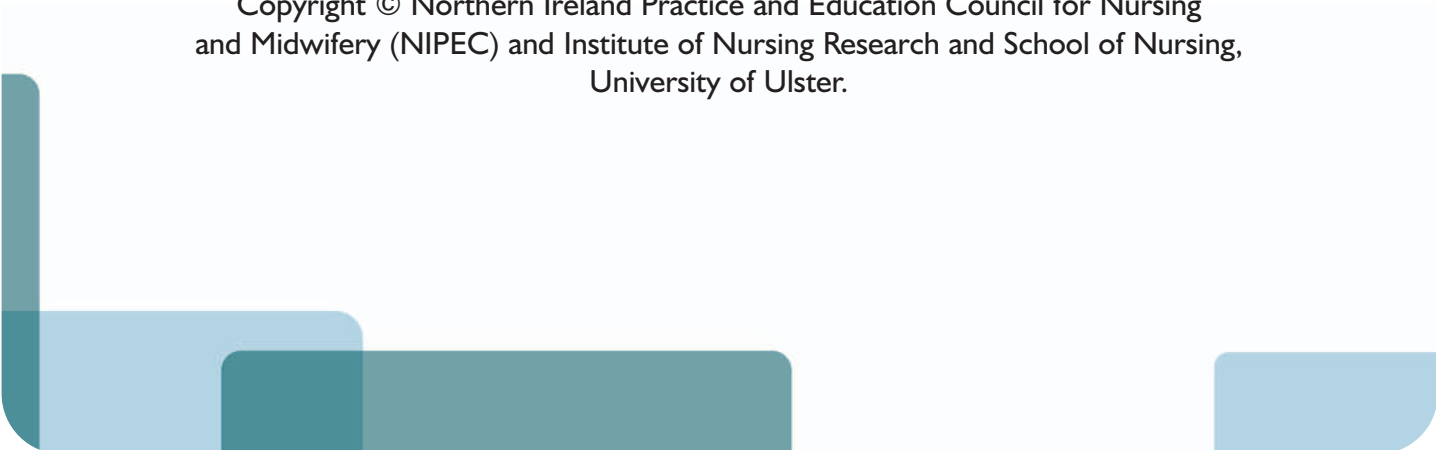Institute of Nursing Research and School of Nursing, University of Ulster.

Felicity Hasson,
Research Fellow,
Institute of Nursing Research and School of Nursing, University of Ulster.

Dr. Marlene Sinclair,
Senior Lecturer,
Institute of Nursing Research and School of Nursing, University of Ulster.

Professor Brenda Poulton,
Professor of Community Health Nursing,
Institute of Nursing Research and School of Nursing, University of Ulster.

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Foreword

The Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) was established in 2002 with a remit to support the practice, education and professional development of nurses, midwives and specialist community public health nurses (SCPHN) in Northern Ireland. One of NIPEC's priorities was to undertake the design of a Development Framework, within which nurses and midwives in Northern Ireland could best develop roles which were safe for the public, responsive to need, professionally stimulating and ethically sound. The overarching aim of the Development Framework is to support nurses and midwives with tools and guidance to help them develop to their full potential and provide the best care to patients and clients.

Within our dynamic health and social care environment, nurses and midwives undertake a variety of roles which, during the last decade, have increased in number and which vary greatly in scope. In light of the challenges that continually impact, the service must seek to promote safe new role developments now and into the future, in keeping with professional regulatory responsibilities.

NIPEC commissioned the University of Ulster in 2004 to explore the range of "innovative" nursing and midwifery roles that existed within the eighteen Health and Social Services (HSS) Trusts and four HSS Boards throughout Northern Ireland. The ultimate purpose of this research was to identify examples of good practice in role development within Northern Ireland to inform the Development Framework and subsequently a New Role Development Guide.

This is one of two research project reports within a series of publications emerging from the Development Framework project. The full research report can be viewed on NIPEC's web-site www.nipec.n-i.nhs.uk and the University of Ulster's Institute of Nursing Research web-site www.science.ulster.ac.uk/inr

I hope that you will find this report informative.

Paddie Blaney
Chief Executive NIPEC

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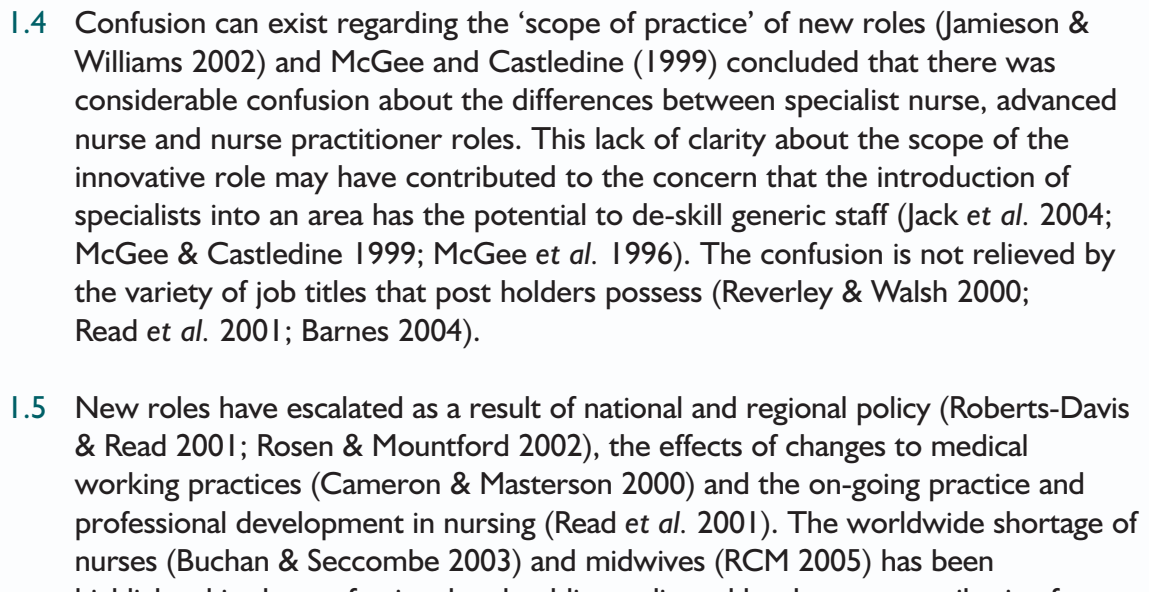
Introduction and Background

Introduction and Background

1.0 Introduction

1.1 In 2004 the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) began to design a Development Framework. The overarching aim of the Development Framework was to support nurses and midwives with tools and guidance to help them develop to their full potential and provide the best possible care to patients and clients (NIPEC 2004). NIPEC commissioned the University of Ulster to undertake a study to inform the Development Framework. The aim of the study was to explore innovative nursing and midwifery roles within Northern Ireland's Health and Personal Social Services (HPSS).

Background

1.2 The needs and demands for health and social care are in a continuing state of change. Factors influencing this include the aging population, the increase in chronic disease, the growth of day surgery, the expansion of primary care, and the continued reduction in the length of hospital stay (Read *et al.* 2001). It is clear that these factors are having an impact on the type of care provided and the format of its provision (Wilson *et al.* 2003). Over the past decade there has been a proliferation of new nursing and midwifery roles. Buchan and Daz Pol (2002) noted that there was a dearth of research into how these roles were introduced, their prevalence and their effectiveness. There have been a number of United Kingdom (UK) studies focusing on new roles in inter alia oncology nursing (Bullen 1995), vascular nursing (Fitzgerald 1998) and addiction nursing (Vourakis 1997).

1.3 The most recent large scale UK study in this area was the Exploring New Roles in Practice (ENRiP) project, completed between 1996 and 1998. Its findings emphasised the importance of proper planning for new roles within the employing organisations (Cameron & Masterson 2000) and ensuring that adequate resources were available to the post holder (Collins *et al.* 2000). Significant to this is the provision of support from nurse managers and senior clinicians, elements which Wilson-Barnett *et al.* (2000) considered vital for role development. The ENRiP project suggested that lack of support within the organisation could lead to burnout and isolation for the post holder (Scholes *et al.* 1999). Because of their perceived lack of fit, new roles can challenge the traditional hospital structure (Bridges *et al.* 2003). Consequently, the opportunity for the post holder to discuss practice and professional issues with a supportive mentor are important for role success (Levenson & Vaughan 1999).

1.4 Confusion can exist regarding the 'scope of practice' of new roles (Jamieson & Williams 2002) and McGee and Castledine (1999) concluded that there was considerable confusion about the differences between specialist nurse, advanced nurse and nurse practitioner roles. This lack of clarity about the scope of the innovative role may have contributed to the concern that the introduction of specialists into an area has the potential to de-skill generic staff (Jack *et al.* 2004; McGee & Castledine 1999; McGee *et al.* 1996). The confusion is not relieved by the variety of job titles that post holders possess (Reverley & Walsh 2000; Read *et al.* 2001; Barnes 2004).

1.5 New roles have escalated as a result of national and regional policy (Roberts-Davis & Read 2001; Rosen & Mountford 2002), the effects of changes to medical working practices (Cameron & Masterson 2000) and the on-going practice and professional development in nursing (Read *et al.* 2001). The worldwide shortage of nurses (Buchan & Seccombe 2003) and midwives (RCM 2005) has been highlighted in the professional and public media and has been a contributing factor to the drive towards workforce modernisation (Jenkins-Clarke & Carr-Hill 2003). Concern remains that nurses and midwives in new roles have simply taken on duties that were previously the remit of other professions and this has diluted nursing and midwifery care (Rose *et al.* 1997). Scholes *et al.* (1999) observed that one of the ways in which innovative roles had developed was on a basis of medical substitution and Calpin-Davis and Akehurst (1999) note that policy makers and doctors saw nurses as a cheaper alternative to medical staff.

Aim and Objectives

Aim and Objectives

2.0 Aim

2.1   The aim of this study was to conduct an exploration of innovative nursing and midwifery roles and associated levels of practice, across the eighteen Health and Social Services (HSS) Trusts and four Health and Social Services Boards in Northern Ireland.

Objectives

2.2   The objectives of the study were as follows:

- To identify the variety of innovative nursing and midwifery roles that exists currently in the HPSS in Northern Ireland;

- To identify the key drivers that influences the development of innovative roles;

- To compare and contrast aspects of innovative roles, including:

  – variation in practice autonomy, decision-making authority, level of remuneration and perceived value for money;

  – variation in preparation for new roles, including academic preparation;

  – procedures for inducting post holders to the overall service profile of the Trust and;

  – evaluation of the impact of innovative roles;

- To identify the infrastructure established to support innovative roles;

- To identify examples of good practice in role development to inform NIPEC's Development Framework for Nursing and Midwifery.

Definition of Innovative Nursing and Midwifery Roles

2.3   At the outset of the project NIPEC provided the researchers with the following definition of innovative roles:

> "Roles occupied by registered nurses or midwives that function outside the traditional hospital and community nursing and midwifery clinical structures, for example, Staff Nurse/Midwife, Ward Sister/Charge Nurse or other Ward Manager titles, District Nurse, Health Visitor, School Nurse, Community Psychiatric Nurse and also excluding Nurse Consultant positions."

This definition not only encompassed innovative clinical roles but also those roles where the emphasis is on Practice Development, Audit, Research, Quality Improvement and Education Facilitation.

Methodology

Methodology

3.0 ENRiP Project

3.1   The Exploring New Roles in Practice (ENRiP) project was undertaken in the UK between 1996 and 1998. Its recommendations focused on: setting up new roles; management issues; professional issues; resource issues; education, training and professional development; effectiveness and outcome measurement; the future; and strategic issues. The ENRiP team developed and validated interview schedules and a questionnaire and these were adapted for use in the present study. Due to the broad research objectives a mixed method approach was judged the most appropriate research design for this study. There were three stages:

Stage One

3.2   In this first stage the sample was composed of the eighteen Trust Executive Directors of Nursing, the four Board Chief Nurses and the four Board Directors of Primary Care. A semi-structured schedule was used to explore the sample's views on the following areas:

- the current position of the Trust or Board regarding innovative roles in nursing and midwifery;

- the stimuli for role development;

- the strategic background;

- the process of approval for new roles;

- the infrastructure developed to support them;

- the perceived or actual impact on nursing/midwifery practice;

- the impact on patient care; and

- the perceived value for money.

Stage Two

3.3 The second stage comprised a postal survey with innovative post holders in nursing and midwifery throughout Northern Ireland. A total of 614 postal questionnaires were distributed resulting in a response rate of 74% (n=454). This questionnaire explored the demography and education of the post holders, practice issues such as the factors that both aided and hindered the post holder in effectively fulfilling their role, and personal aspects such as job satisfaction.

Stage Three

3.4 The third stage involved six case studies with innovative post holders. The case studies focused on roles in midwifery, community nursing, primary care, mental health, acute care and a non-clinical post. These case studies comprised semi-structured interviews with the post holders, their line manager and either their human resource manager or director of finance. A short period of non-participant observation (approximately 5 hours) of the post holder at work was also undertaken. Where it was available, supplementary data such as job description or any evaluations or audits of the role were also accessed.

Data Analysis

3.5 All interviews were audio taped, with consent, transcribed verbatim and content analysed. Emergent themes were identified and are illustrated using direct quotations. Data from the survey stage were analysed using the Statistical Package for Social Scientists (SPSS version 11.0). The non-participant observations were written up from the observers' field notes.

Ethical Considerations

3.6 Ethical approval for this project was applied for and gained from the Office for Research Ethical Committees for Northern Ireland (ORECNI). All participants signed an informed consent form prior to commencement of the interviews or observations. Signed informed consent was also gained from patients/clients involved in the observation. Confidentiality of the data generated was assured.

Findings

Findings

4.0 Stage 1 Findings: Interviews with Directors of Nursing, Chief Nurses and Directors of Primary Care

Stimuli and support for innovative roles

4.1 It was evident from the interviews that participants were supportive of the development of innovative nursing and midwifery roles and they anticipated that the development would continue for the foreseeable future. They acknowledged the importance of managerial support and a carefully devised infrastructure to assist the post holders to fulfil their role effectively. A number of drivers were identified as underpinning the development of new roles; these included national and regional policy, as one participant noted:

> "The background (issues) for the development of the posts is strategic direction, government, international, what has been done elsewhere, local commissioning, and priorities for action here in Northern Ireland." (Chief Nurse 3)

Other drivers included the emphasis on professional development in nursing and midwifery, the changing healthcare service and altering patient needs, and the influence of individual nurses and midwifes who had recognised a service need.

Impact of innovative roles

4.2 Innovative roles were considered by participants to have had a positive impact in many areas. Patient/client care in both primary and secondary care was noted by all to have been positively influenced by new role developments in nursing:

> "…patient compliance in terms of understanding their disease process, better education, meant that they weren't having the flair ups in their disease process because they had a good supporting network there of specialist nurses and good education and being reinforced." (Director of Nursing 6)

Most participants described how innovative roles had developed practice and were being used as a resource for knowledge and skills and for the training and education of other staff. The importance of basic nursing care and the role of the innovative practitioner in promoting this was also noted by some participants. However, there was some concern expressed that the introduction of new roles could lead to the de-skilling of more generic staff, especially where there was a lack of clarity about the scope and function of the role. The importance of the

innovative post holder being recognisable as a member of the nursing/midwifery profession was also stressed. This anxiety emerged from the view that nurses and midwives could be used to fill the gaps in the workforce plans of other disciplines, notably medicine.

Evaluation and value for money

4.3 Considering that many innovative roles were introduced on a pilot basis there was an acknowledgement of the need for evaluation and audit. Furthermore, most were funded on a fixed term temporary basis. This is because there were difficulties in obtaining long term funding for a new post at its inception.

While the participants described the innovative roles as being value for money, it was accepted that this was difficult to assess:

"I don't think you could justify continuing with them if they don't (provide value for money) but that's very difficult to demonstrate in pounds. How can you put a price on improved maintenance and improved health of a diabetic patient, there's bound to be value for money there." (Director of Nursing 8)

Stage 2 Findings: Postal survey of innovative post holders in nursing and midwifery

Demographic findings

4.4 It was notable that the survey findings indicated that innovative post holders had a considerable amount of post-registration clinical experience. Only 8.9% (n=40) had seven or less years experience since first registering, but 70.4% (n= 317) had between twelve and twenty-four years experience. Consequently, most, 56.9% (n=256), were between 35 and 45 years of age.

It is interesting to find that the majority of innovative roles had been established since 2000. Only 29.3% (n=132) were in existence in the 1990s and only 1.8% (n=8) had been established pre-1990. While 74.7% (n=336) of innovative post holders were in full time positions, only 47.9% (n=215) worked full time. Many respondents had contracts that required them to work part of the time in an innovative role and part of the time as a generic nurse. The difficulty caused by such a job division is illustrated by the fact that 66.7% (n=300) regularly worked more than their contracted hours in their innovative role.

Innovative role and job titles

4.5 The overabundance of job titles is reflected in the finding that 449 respondents (65.8%), were identified with 296 different job titles and of these 227 (76.7%) had the word nurse, sister, health visitor or midwife in their designation.

Education, Training and Research

4.6 Education levels of respondents were high with 81.8% (n=36) possessing a diploma, advanced diploma, first degree, masters degree or PhD. A further 10.5% (46) stated that they were currently enrolled for a bachelors degree. Three quarters (n=338) of respondents felt that the education/training they had was sufficient to prepare them for their innovative role. However, over half (59.1%, n=264) did note that they felt that there were barriers to obtaining further education and training, the most prominent of these being a lack of time and an inability to get their post covered in their absence. This is echoed by the finding that 42.7% (n=192) of respondents reported that their posts were never covered if they were on annual leave or on sick leave. Over a third (37.1%, n=167) had undertaken research in their current role, though of these only 51 (11.3%) had had the research published.

4.7 Respondents were asked to identify the skills that they felt were most appropriate to their innovative role (See Figure 1).

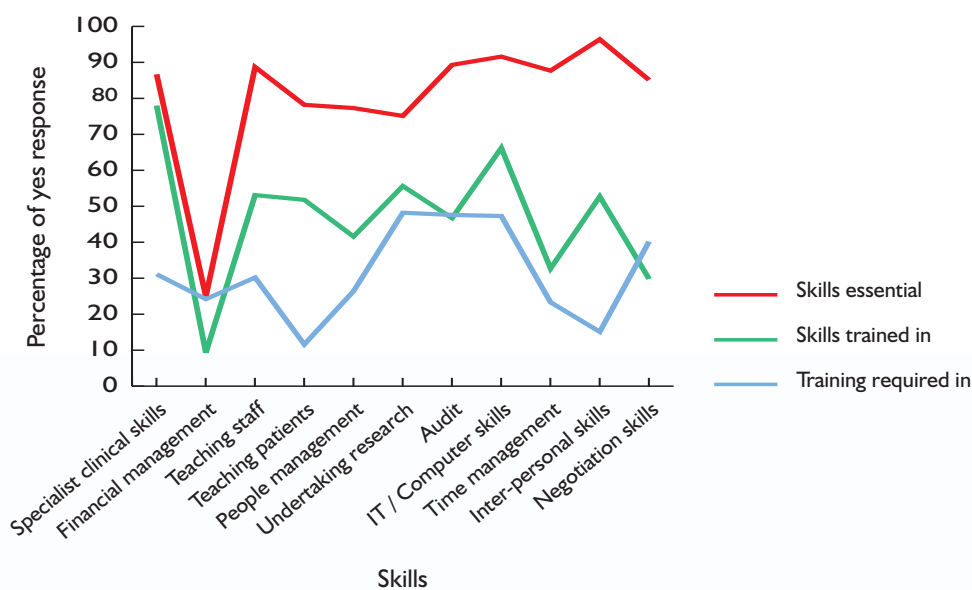Figure 1: Skills appropriate to innovative nursing and midwifery roles

Figure 1 represents the percentage of respondents who replied yes to the question relating to a) skills essential to their role, b) skills they have received training in, and c) skills for which they require further training in. For example, for 'teaching patients' 78.2% (n=352) felt this was essential to their role, 51.8% (n=233) had received training in and 11.6% (n=52) felt they required further training.

Job description and role assessment

4.8 As would be expected most respondents (92.4%, n=416) had a current job description, almost half of which had been updated in the last year. These were considered to reflect the post holder's current role either reasonably well (52.4%, n= 236) or very well (19.3%, n=87). Nevertheless, almost a fifth of respondents (17.8%, n=80) noted that their role was not reflected very well in their job description and 3.3%, (n=15) maintained that it was not reflected at all.

IPR/appraisal was the most common method used to assess the post holder's performance (70.2%, n=316). Mostly, effectiveness was assessed through audit (56.2%, n=253). However, for 10% (n=45) of post holders their performance was not assessed at all. Two thirds of respondents (65.8%, n=296) were assessed by someone from their own profession, with other healthcare professions (24.9%, n=112) and service/business managers (31.3%, n=141) also being involved in role assessment.

Resources

4.9 Respondents were asked to identify the resources that they felt were required for their innovative role to be effective. These were divided into those that had been supplied initially, those which were currently available, and those which were required but not provided.

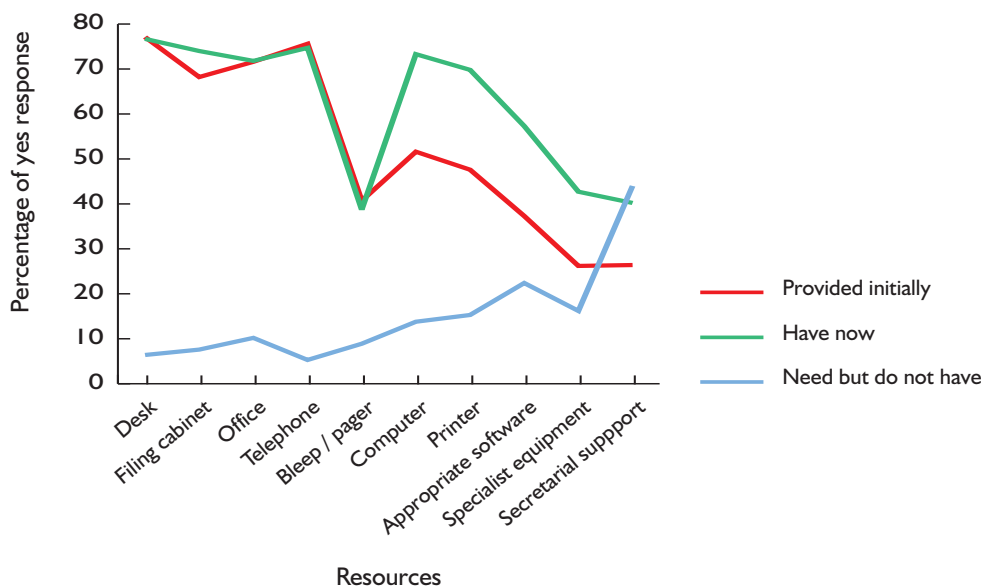Figure 2: Resources required/provided to support innovative roles.

Figure 2 represents categories of resources pertaining to; a) what was provided when the post holder came into post; b) what they have currently; and c) what they need but do not have. For example, 37.3% (n=168) of post holders felt they were provided with appropriate software when they came into post, 57.3% (n=258) feel that they now have the required software and 22.4% (n=101) feel that they needed appropriate software, but do not have it. What is perhaps most notable is that the highest percentage response related to secretarial support with 44% (n=198) reporting that they needed improved support in this area.

Future prospects

4.10 Three quarters of respondents (73%, n=330) maintained that working in their role had enhanced their career prospects. The reasons given for this enhancement included the likelihood of further expansion, the potential for future career options and the provision of important networking opportunities. Most respondents (92.4%, n=416) noted that their job satisfaction had been enhanced because of being able to spend more time with patients and families, increased autonomy and the variety of the job. Perhaps the best indicator of satisfaction was evidenced by 42.4% (n=191) of respondents stating that in five years time they would like to be in their current post.

Factors that aid and hinder effective working

4.11 When asked what were the main factors that ensured that they could work effectively in their innovative role respondents identified: support for the role (notably from management level); personal skills and knowledge; clinical supervision; and teamwork. The main barriers to working effectively included: lack of time for the role; lack of facilities/resources/space; lack of secretarial support; and lack of support from management.

Stage 3 Findings: Case studies with innovative post holders

Brief summary

4.12 Six case studies were undertaken with roles in:
- community nursing – healthcare co-ordinator for the homeless population
- acute care – coloproctology nurse specialist
- mental health – crisis response manager
- midwifery – practice development midwife facilitator
- primary care – respiratory nurse specialist and
- a non-clinical setting – nursing education co-ordinator.

These roles were sampled from the exemplars suggested by participants in stage one of the study. The case studies confirmed the findings from the previous two stages. Effectively fulfilling the scope of their innovative role was influenced strongly by the skills of the individual, not only on a professional level but also on a personal one. This was related to their ability to build good relationships with patients/clients and other colleagues, both within and out with the post holder's profession. In each case study it was evident that the support of these individuals and that of managers was crucial to the success of the role. The impact of the roles on patient/client care and on the development of nursing/midwifery practice was also evident. Furthermore, each of the six cases studied pointed out that their roles had evolved, and continued to evolve, as they gained experience in the role.

Identifying Good Practice

Relationship builders and holistic workers

4.13 The six case studies showed that improvements in practice had been facilitated by their ability to have strong positive therapeutic relationships with patients/clients. Findings illustrated the holistic approach that post holders were using and their ability to communicate effectively the needs of patients/clients with other members of the health and social care team. For example, in the primary care case study, the post holder could assess the clients in a holistic way and instigate rehabilitation, allowing them time to work through their education needs and their fears.

Skilled Communicators

4.14 The importance of being a good communicator was seen in all six roles. Each had the ability to communicate and market effectively their own needs, demands and views, and for those for whom they care. Each had the ability to be self aware and to recognise and maximise their personal impact for the benefit of patients.

Advocates

4.15 The advocacy aspect of the roles was noted. For example, in the community care case study the post holder was working with a vulnerable homeless population who often had difficulty accessing healthcare and articulating their health and social care needs. Through a holistic assessment, post holders were not restricting their practice to nursing or midwifery issues but were identifying other patient/client needs and making referrals or further inquiries to other disciplines.

Change Agents

4.16 There is an expectation from employing organisations that innovative post holders are adaptable and changing practitioners, and that they will be proactive in the further development of their roles. This was exemplified in the non-clinical case study where the post holder was working within the internal systems of the employing organisation and also was involved in outreach activities with external organisations and policy makers. This case study also illustrated the change agent nature of innovative roles.

For instance, she was involved actively in redesigning the professional development opportunities of staff within the Trust. Similarly, the midwifery post holder had challenged and stimulated change in an established Trust policy regarding midwifery led care. Another example of outreach activities was noted in the mental health case study where she had a vision extending good practice in specialist addiction services beyond her team and into community mental health nursing as a whole.

Trainers and Educators

4.17 The knowledge and skill base of all six post holders were important resources for others in the team. For instance, the advice and guidance of the post holder in the acute care case study was sought out by staff within both primary and secondary care and by patients and relatives. Furthermore, she was considered as a role model for other staff and students. Related to this was the valuable contribution all the post holders make to the education and training of other members of staff. This was apparent in the non-clinical role where the post holder was a Nursing Education Co-ordinator whose aim was to promote the development of a learning and development culture within nursing.

Clinical Leadership

4.18 Clinical leadership is also an important aspect of innovative roles. There were numerous examples where the post holders led by example, supported colleagues and students, and were able to confidently articulate and communicate a vision for practice in their specialty. It was obvious too that the post holders contributed to the development of nursing and midwifery through empowering staff and demonstrating leadership in what were complex healthcare organisations. In this regard they were also strategists. For instance, the community nursing post holder challenged continually in a constructive way the perceptions that fellow healthcare professionals and others had of the homeless population. In so doing she also raised awareness of the needs of this population. Similarly, the mental health case study illustrated how the post holder encouraged other members of the team to participate in reflective practice and discussion of how to empower people who had a mental illness.

Disseminators of Good Practice

4.19 Dissemination of information about good practice was key to these roles. All six case studies showed evidence of the post holders being involved in the development of protocols and standards, and in the sharing of relevant research publications with colleagues. They considered these activities as integral to the practice development aspect of their role. They also were keen to present their work external to the organisation. Many had presented at conferences and the innovative post holder in midwifery had presented her work internationally. In the acute care case study the post holder had led a regional forum group that had developed and published protocols based on recent research that she had

undertaken. With regard to the use of guidelines and protocols, most notably in the community nursing, acute care and mental health case studies, these were employed to supplement the post holders' skill and knowledge base. Because they were involved in their development they were not considered to be restrictive or controlling of the post holders' decision-making processes.

Health Promoters

4.20 The health promotion and public awareness aspects of the innovative roles were noted throughout the case studies. These were perhaps most evident in the community nursing and the primary care case studies. In the former, the post holder was often the only point of healthcare contact for the homeless population she served. In the latter, the public health dimensions of managing patients with chronic disease was highlighted.

Figure 3 outlines the key aspects identified from the case studies in relation to good practice.

Figure 3: Key aspects of good practice identified from case studies

- Consistent contact with patients/clients
- Holistic assessment and approach to care
- Excellent clinical skills (where appropriate)
- Skills to be an adaptable and evolving practitioner
- Proven expertise and knowledge
- Contribution to the development of protocols and ensuring of standards
- Research skills and publication of knowledge
- Effective communication with other health professionals regarding patient/clients care
- Ability to identify needs of patients/clients outside their own area
- Autonomy to make referrals as appropriate
- Leadership
- Vision and ability to act as a change agent
- Ability and willingness to contribute to the education and training of other members of staff
- Sharing of practice, skills and knowledge
- Dissemination of information about the role
- Health promotion
- Raising of public awareness of the role

Autonomous decision-makers

4.21 The practice autonomy and decision-making skills were illustrated by most of the post holders' ability and authority to accept patients/clients onto their case loads, to order appropriate investigations, and to refer on. Where the post holder could not accept patients onto her own caseload (midwifery) and where they were unable to independently order further investigations (acute care), these had been highlighted restrictions to the role. Nonetheless, in the midwifery case study the autonomy of the post holder meant that she was perceived to be influencing the movement towards increasing midwifery-led care and in influencing other midwives to undertake further academic studies. Similarly, in the non-clinical case study, both the post holder and her line manager stressed that her autonomy underpinned her ability to influence change in nurse education both internally and externally to the Trust.

The ability of post holders to manage complete episodes of care and have the time to assess the patient/client autonomously and holistically provided them with the requisite knowledge to make informed decisions about the correct care processes. This gained them the respect of other disciplines and consolidated the existing close interprofessional and interagency working relationships.

Post holders were noted to have developed the confidence to challenge the system and to becoming more assertive in stating what they and their patients/clients were capable of achieving. While the post holders had a positive effect on the holistic care of patients and clients, their impact was also recognised in reducing the number of patients/clients waiting for care and treatment, decreasing the number of in-patient admissions and facilitating patient discharges to the community from acute beds.

Discussion and Limitations

Discussion and Limitations

5.0 Discussion

5.1 Nursing and midwifery roles have developed rapidly in response to ongoing changes in healthcare provision both nationally and internationally. Previous research has considered the impact of policy decisions (Rosen & Mountford 2002), changes in medical working practices (Cameron & Masterson 2000) and the drive for professional development and changes in service need (Read *et al.* 2001). These were also identified in this study as stimuli for the rapid increase in the number of innovative roles in nursing and midwifery. Findings also indicated that managers recognised the individual impact that practitioners had on the development of innovative roles. This was often through identifying areas where patient care could be improved.

5.2 The isolationalist approach to innovative role development by Trust managers is evidenced by the plethora of job titles. However, there are some examples of co-operation between provider organisations, notably through the setting up of regional forums and the employment of similar innovative post holders by more than one Trust. The lack of consistency in how innovative post holders are titled has been an ongoing topic throughout the literature on role development, noted previously by Barnes (2004) who highlighted the resultant confusion for patients, other nurses and other healthcare professionals. This echoed the finding from the ENRiP project (Read *et al.* 2001).

5.3 The importance of providing a supportive infrastructure for the innovative post holder was emphasised throughout the study. This reflects Scholes *et al.* (1999) findings where they found that innovative roles could be open to isolation and burnout, especially where there is minimal support from within the organisation. Similarly, Wilson-Barnett *et al.* (2000) had noted that support from nurse managers and senior clinicians were vital for new role development.

5.4 Hewitt *et al.* (2003) noted the absence of good evidence regarding the benefits of specialisation. Accepting this, the positive effect on patient care was acknowledged by all respondents within this present study. This was noted specifically in the care of those with chronic conditions or who required other forms of long-term care. It was also evidenced by the efficiency of onward referral due to a holistic assessment having been undertaken. Furthermore, managers recognised the positive effect the innovative post holders had on reducing the waiting lists, decreasing in-patient admissions and increasing discharges. It is ironic that, while innovative, the post holders were independent

therapeutic agents in their own right, an obvious outcome of their effectiveness was an increase in the referrals to, and hence workload of, other disciplines. Therefore, it is possible that the perceived cost savings from employing specialists may be illusory.

5.5 Throughout the study the possible de-skilling of generic staff through the employment of specialists was also a concern, especially where there was a lack of clarity about the responsibilities of the innovative post holder. This reflects the findings from previous studies that noted the potential to de-skill those nurses who undertook basic nursing care (McGee *et al.* 1996; McGee & Castledine 1999; Jack *et al.* 2004).

5.6 Appropriate training and education were for the innovative role considered crucial. However, accessibility to courses, some of which were provided outside Northern Ireland, was problematic for some. Clinical supervision and appraisal of the role were seen as necessary to ensure safety for patients and maintenance of high standards of care. Again, this substantiates findings in ENRiP, where the importance of appropriate mentor provision and the opportunity to discuss practice and professional issues with colleagues, was stressed (Levenson & Vaughan 1999).

5.7 Through encroaching on the remit of other health and social care professionals, innovative roles were considered to have the potential to blur the traditional professional boundaries. The positive aspect of this was the opportunities for professional development and improved continuity of care for patients. In contrast the negative aspect concerned the fear that the basics of nursing care could be eroded. These concerns concur with those from previous studies that highlighted the unacceptability of nurses undertaking medical work at the expense of nursing work (Rose *et al.* 1997).

5.8 The significance of planning for innovative roles emerged as an important recommendation from the ENRiP project (Cameron & Masterson 2000). In this study too, participants noted that while basic equipment and resources had been available to them, there were ongoing deficits in the provision of appropriate software and specialist equipment. The lack of secretarial support was noted by almost half the post holders surveyed (44%, n=198) as being an area in which improved support was needed. Again, this reflected findings from the ENRiP study where inadequate resources were viewed as a negative factor in the ability of the post holder to be effective (Collins *et al.* 2000). Both ENRiP and this study also noted that a perceived lack of time impacted negatively on the ability of post holders to undertake their duties (Collins *et al.* 2000).

5.9 Role clarity was seen as important by all respondents. In the ENRiP study Scholes *et al*. (1999) pointed out that the progressive nature of innovative roles required regular consideration of the job description. Most innovative post holders in the present study had a job description, almost half of which had been updated in the last year.

5.10 The post holders in the case study phase were identified as exemplars and therefore can be considered to be experts in their field. Conway (1998) acknowledged the difficulty in defining what an expert nurse is. She identified the following criteria for specialist nurses: extended knowledge bases, were acting as consultants to other nurses, had a degree of autonomy, had distinct roles, were innovative in terms of practice and had agreements and protocols to enable them to expand their role. These criteria are reflected in the key aspects of good practice and the autonomy and decision-making capabilities found within the six case studies.

Evidence of Good Practice in Role Development

5.11 Previous studies, notably the ENRiP project (Read *et al.* 2001), have highlighted the importance of good practice in role development. There is an emphasis on several aspects which impact on the success of the new role, including the need for a support structure for the post holder with a clear management framework. Other features relating to role development have been noted; the importance of clarity about the role function and accountability of the post holder (Chang & Wong 2001; Read *et al.* 2001; Semple & Cable 2003), the impact of the stimuli which brought about the instigation of the role (Tross & Cavanagh 1996; Offredy 2001) and the specific needs of the post holder for training, the achieving of competencies and role evaluation (Read *et al.* 2001).

5.12 The findings of this project reflected the above issues and specific examples were forthcoming from the case studies. Although the roles explored in the case studies were diverse in both speciality and patient/client groups, all participants identified the impact that the initial drivers had on role establishment. These drivers varied from the need for the role being identified from a recognised client need (community, acute), practitioner identified area of need (primary care), previous organisational initiatives (non-clinical) and policy (mental health, midwifery). Participants identified the multi-agency and multi-professional nature of their roles and consequently the need for clarity about role function. However, the evolutionary nature of the role was noted, especially from the community case study. All the post holders emphasised the importance of management

support, the integration of the role with management and the importance of working closely with colleagues from other healthcare professions. A lack of clear lines of responsibility causes organisational difficulties. The post holder in the acute care case study highlighted this. Case study participants also noted the importance of qualifications and relevant experience prior to commencing their role but stressed the need for ongoing role development and evaluation. It was evident from the findings that where role development has been carefully considered it has impacted positively on the ability of the post holder to fulfil, and in many cases, exceed the requirements of the post.

Limitations

5.13 As with all research there are some limitations that need to be outlined:

- Participants in Stage 1 of this study identified those nurses and midwives in their organisation who were considered to be currently occupying innovative roles. However, there was no available method by which the research team could verify that all innovative roles had been included.

- This study was limited to roles within Northern Ireland's Health and Personal Social Service (HPSS) and therefore the private and voluntary sectors were not included.

- This study did not include any input from patients/clients so their perspective on the impact of innovative nursing and midwifery roles has not been represented.

- The observation stage of the case studies was limited to interactions with patients/clients who were over sixteen years of age. This restriction was due to the ethical implications of gaining informed consent from those under sixteen.

Conclusions and Recommendations

Conclusions and Recommendations

6.0 Conclusions

6.1 The findings from this study illustrate that there is substantial activity with regard to innovative nursing and midwifery role development in Northern Ireland's HPSS. The evolution and growth in the number of these roles has been especially notable since 2000. This activity has been influenced by a number of factors that have combined to encourage their development.

6.2 The planning and development of these innovative roles needs careful consideration with an infrastructure developed which will both provide support for the role and a means of evaluating the impact of the role on the service. Such support is considered significant to ensuring the success of the post, however there has been some inequality in the provision of the appropriate infrastructure to support post holders. The impact of innovative roles in healthcare is viewed as significant for maintaining and improving standards of patient care. This study has provided verification that ongoing professional development in nursing and midwifery has been influenced positively by the establishment of innovative roles.

6.3 While the current post holders in innovative roles are highly experienced and have high educational achievements, further education and the time to enjoy it remains an issue.

6.4 Findings from this study reflected many of those found in the ENRiP project from the late 1990s. It is evident therefore, that nine years after ENRiP was commissioned, there remains unresolved issues regarding the planning for and implementation of innovative nursing and midwifery roles. Nevertheless, the benefits to patient/client care and to the professional development of staff are considered very positively both by post holders and by others who work with them.

6.5 To assist organisations and practitioners with the establishment of changing nursing and midwifery roles, a role development guide will be included in the NIPEC Development Framework.

Recommendations

6.6 Arising from the findings of this study, the following recommendations should be considered:

Definition of Innovative

- The definition of innovative should be explored to distinguish between roles that lie outside the traditional nursing and midwifery roles (Role Extension) and innovative roles in relation to existing nursing and midwifery practice (Role Expansion).

Titles of Innovative Roles

- It is apparent from the results of this study that there are post holders doing similar jobs but with different titles. Therefore, consideration should be given to a strategy to reduce or consolidate the large number of titles that exist for innovative roles holders in Northern Ireland.

Need and Rationale for Role

- Contact should be made with other relevant healthcare organisations to establish if a similar role exists within their organisation and to gain information relating to it.
- The views of key stakeholders on the development of innovative roles should be sought and taken into account.
- The rationale for the development of innovative roles should be clear.
- The objectives of the role should be clearly agreed at the outset, including the benefits of the role to the patient or client and to the organisation as a whole.

Resources

- Funding for the post should be identified at the planning stage and a clear timeframe for the establishment of the role.
- Resource requirements for the role should be identified at the planning stage of the role.

Information relating to the role

- Relevant information about the innovative role should be disseminated both locally and nationally.

- The objectives and the remit of the role should be communicated to the staff and students that the innovative post holder will be working alongside.
- A clear job description should be provided for the role and updated annually.
- Careful consideration should be given to the job title for the innovative role.

Infrastructure

- An appropriate infrastructure should be in place to support the post holder in their innovative role.
- This infrastructure should include consideration of:

    (a) the availability of appropriate courses/training
    (b) support from other staff from all professional groups
    (c) provision for the appropriate assessment of the role.

- The boundaries of the role should be clear and cognisance should be taken of further development of the role and career progression.

Support

- The support of senior management for the development of the role should be in place.
- Line management support should be in place.
- Everything possible should be done to secure the support of professional colleagues.

Impact on other roles

- The potential impact of the innovative role on existing generic and specialist roles with nursing and midwifery and on roles within other disciplines should be considered.

Accountability

- Issues of accountability should be clarified at the outset.
- Issues regarding professional recognition and regulation should be clarified.

Clinical and Social Care Governance

- Clinical and social care governance requirements for the innovative role should be clear and in place so that the highest standards of care and ethical behaviour are achieved.

Evaluation of Roles

- Evaluation should be undertaken on a regular basis to ascertain how they have met the identified objectives.
- Evaluation of the role should include the perspective of the post holder, professional colleagues and patients/clients.
- Evaluation is needed to ensure that, where outcomes are measurable, it provides value for money.
- The results of these evaluations should be communicated to relevant parties.

Acknowledgements

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