Commentary

Enhancing the nursing discipline and developing nursing science in China

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ABSTRACT

To improve our health care services, promote balanced development of inter-regional and inter-disciplinary medical care skills, and effectively implement public hospital reform, the former Ministry of Health, State Chinese Medicine Administration Bureau and the Ministry of Finance allocated state funds in 2010 to support a National Clinical Key Specialty Construction Project. The project supports the acquisition of key equipment, personnel training and development of clinical diagnosis technology in order to develop high-quality medical resources and improve clinical services. Because of the important role nursing plays, clinical nursing and specialty care were also included in the project. The Chinese Nursing Association was commissioned to oversee this project, which awarded 211 million RMB to nursing disciplines in 86 hospitals representing all regions of China. This funding has supported the rapid development of nursing disciplines, the results of which are outlined and described in this review.

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1. Nursing discipline in China

Nursing as a career has flourished in recent years due to attention from the Communist Party of China and the government. Top-level management continues to improve, in part by enactment of the Chinese Nursing Career Development Plan during implementation of the Eleventh and Twelfth Five-year Plans (2005–2010 and 2011–2015, respectively). The development plan plays an important role in strengthening nurse setup and promoting care, with the aim “to be close to patients, clinic and society”. Establishment of the Nurse Regulations in 2008 provided protection of nurses’ rights for the first time at the legislative level, and standardized nursing activities and clarified their duties. In addition, there has been significant progress in the formation of nursing teams. The number of registered nurses has increased 106%, from 1.35 million in 2005 to 2.783 million in 2013. There are approximately two nurses for every thousand people, with an average doctor to nurse ratio of 1:1.00 in hospitals around the country (1:1.33 in secondary hospitals, and 1:1.52 in tertiary hospitals), resolving the inverted proportion problem [1]. The total number of registered nurses may exceed 2.8 million by the end of 2014. The education background of nurses is also
2. The National Clinical Key Specialty Subject Construction Project

In early 2010, quality care projects were officially launched with the principles of changing reform models, focusing on clinical care and system building, which led to an important breakthrough in the reform of public hospitals. The former Ministry of Health, State Chinese Medicine Administration Bureau and the Ministry of Finance allocated funds to establish the National Clinical Key Specialty Subject Construction Project. This project is comprised of two arms, one for clinical care construction and another for construction of specialty subjects. To support this endeavor, coherent policies were instituted and funding provided to create favorable conditions for building a solid platform for discipline construction and development. More specifically, the intent was to encourage hospital managers to assign more importance to nursing work, strengthen clinical care and develop specialty care, develop nursing practices that conform to the needs of public hospital reform and satisfy the public's increasing demand for healthcare.

2.1. Overall project goal

The overall goal of the National Clinical Key Specialty Subject Construction Project is to highlight priorities to enhance the overall nursing service that can serve as an example for the overall standard of nursing care and management in China. More specifically, the project aims to be steadfast in the welfare of patients in public hospitals by instilling a patient-centred concept through improving patient experience, ensuring their safety and fostering harmonious doctor-patient relationships. In addition, the project aims to improve the quality of nursing service by implementing accountability within holistic nursing care and expanding the service capabilities, skills and training of clinical nursing specialists.

2.2. Project missions

Aspects of nursing studies and practice that are focused on by each participating hospital include: patient-centred care, configuration and dynamic management of nursing human resources, performance assessment, core standards for promotion, on-the-job training for nurses and training in critical and emergency specialty care. These can be further described as follows:

1. Providing quality care more thoroughly to keep patients safe and promote their recovery. Achievement of this task requires transformation of the working mode, clarification of responsibilities, assurance of a suitable number of frontline nurses and fostering of nursing grading standards.
2. Promoting training programs for the nursing staff. Various training programs should be established to suit the nurses' abilities and departments, particularly for critical and emergency specialty care. Training courses should be normalized and personalized, with training manuals for recording progress and ensuring that nurses are qualified to provide the necessary patient care.
3. Improving the management quality of nursing administrators. Additional study and training for specific administrative posts will help improve the quality of management and problem-solving abilities.
4. Reinforcing the ethics, regulations and standards. To develop accountable holistic nursing, the responsibilities and duties of nurses need to be more clearly defined and the promotion system more detailed. Moreover, nursing criteria need to be continuously updated to fit current clinical practices.
5. Practicing nursing skills that benefit the patients and promoting the use of appropriate equipment. Participating hospitals should provide facilities and nurses with suitable skills that benefit the patients, thus providing a safe, comfortable and healthy environment for expert medical service.
6. Improving the level of critical and emergency specialty care. Participating hospitals should possess superior critical and emergency specialty care for the local area and ensure all relevant nurses receive specialty training. More importantly, great effort should be made practice accountable holistic nursing in all units.
7. Establishing an objective appraisal system. A third-party evaluation system should be implemented based mainly on patient and public assessment, but also on self-assessment, to improve the quality of care. In addition, the nursing troop can be strengthened and stabilized by offering the best possible support and development to the staff.
8. Strengthening propaganda for nursing work. Propaganda describing excellent nurses and nursing work can be fortified through various kinds of media such as nursing newspapers, film, television and networks, so that the humanitarian spirit of caring for life, healing the wounded and rescuing the dying are well-known to everyone.
9. Providing assistance. To achieve the common goal, a participating hospital should provide other hospitals with opportunities for learning and training and assist primary hospitals with improving their quality of care.
10. Developing a plan of implementation. The project design and implementation plan put forth by
participating hospitals should be in accordance with the common goal, general requirements and their actual situations to ensure that the plan is reasonable and practical.

2.3. Project achievements

2.3.1. Development of accountable holistic nursing
As one of the key measures of high quality care, 53 participating hospitals have recently developed accountable holistic nursing. Many of these hospitals, including Peking Union Medical College Hospital and the First Affiliated Hospital of Zhengzhou University, have expanded high quality care to non-ward units such as outpatient and emergency departments, operation rooms, and blood purification, sterilization and supply centres. Nurses at these hospitals were not only patient-centred and performed the work responsibly, but they also communicated well with patients and cooperated successfully with the doctors. By doing so, they made the care plan more systematic and considerate, the observation and assessment of disease more comprehensive and careful, health education and rehabilitation guidance more targeted and specific, as well as made nursing service more humanized and active. These actions promoted nursing standards and enriched the value and meaning of nursing, as well as significantly improved the patients’ medical experiences. Moreover, the security risks and adverse events were widely reduced. In 2012–2013, the National Health and Family Planning Commission conducted a survey of third-party satisfaction of high quality care within 112 hospitals and found that average marks of patient satisfaction had improved 4.15% from 2011 to 93.12% [3].

2.3.2. Implementation of continuing nursing care
For accountable holistic nursing, patients receive continuous and whole-course nursing service in addition to their care during and after hospitalization. Accumulating evidence demonstrates that continuing nursing can substantially improve a patient’s quality of life and can reduce the readmission rate. Thus, participating hospitals are exploring the best way to implement this practice and enriching the follow-up care, such as by establishing a follow-up record, providing consultation by telephone, network and clinic and performing at-home visits after the patient is discharged.

Some nursing specialties have developed their own processes, contents and requirements of follow-up in accordance with their characteristics and values. For example, an individual care plan and personalized health education were designed as a result of a collaboration by the medical staff, thus improving the self-care and self-management of their patients, in which the integrity, continuity and consistency of nursing were significantly reflected [4]. The average hospital stay was shortened by 1.04 days and the readmission rate 14 days after hospital discharge significantly dropped, leading to the great satisfaction of patients and their families.

2.3.3. Significant improvement in specialized nursing service
The support provided by the National Clinical Key Specialty Subject Construction Project has allowed many hospitals to improve the working conditions of nurses and advance their reform of nursing service. In particular, the cultivation of nurses has increased, and the development, application and promotion of new nursing technologies and business have been encouraged. To date, China has trained a large number of nurse specialists in such fields as intensive care, emergency and first aid, operating room nursing, blood purification, cancer care, wound care, and intravenous therapy. These specialists assume duties such as outpatient visits, hospital consultation and specialist training [5].

Progression of specialist training has led to the introduction and increasing use of problem-based learning and simulation teaching methods [6]. Some hospitals have assembled specialized nursing groups or groups of nursing experts to conduct consultation and rounds throughout the hospital. In addition, thousands of new technologies and projects have been applied to help solve complicated clinical nursing problems, and more than 1000 nursing projects are continuously optimized for the treatment of nearly 100 diseases. As a result, the prognosis, cure rate and quality of life of patients are all improved while shortening the average hospital stay and saving medical resources. Moreover, participating hospitals have become technical training resources for sister hospitals, setting up medical unions, offering mutual aid and support and other various forms of help.

2.3.4. Standardization of job training for nurses
Job training based on need is fundamental to the sustainable and steady development of a profession, and it is also an area that requires discussion and refinement. Participating hospitals have utilized the support of the National Clinical Key Specialty Subject Construction Project to explore and practice organizational restructuring, policy support, and obtain funding and hardware equipment. Substantial improvement has been made in the training system for nurses, including the establishment of clear objectives and distinct levels.

First, participating hospitals are creating modern training centres for nurses with suitable simulated training and teaching environments by integrating multiple resources and introducing advanced teaching methods, equipment and management procedures. Second, these hospitals have developed relatively comprehensive multilevel training plans and programs based on the hierarchical classification of nurses in each hospital, including new nurses, clinical nurses, nurse specialists and nursing management [7]. In this way, hierarchical training and assessment ensure that each nurse’s ability meets the job requirement, which also contributes to their professional growth. Third, the use of single nursing operation as the core training program has been eliminated. Training of nurses involves continual education with different forms of training, such as expert instruction, live rounds, case analysis, simulation, one-stop training and assessment, all of which improve the nurse’s ability to identify and deal with clinical problems. Meanwhile, more humanistic and interdisciplinary knowledge has been integrated into the training to improve the overall quality of nurses.

2.3.5. Enhancement of systematic nursing management
Implementing systematic and careful management is an important part of public hospital reform. Participating hospitals play a leading role in the nursing profession in China, thus
they have an important responsibility to explore a suitable systematic path for nursing management. Throughout China, these hospitals have set examples for manpower deployment, staff motivation, job management and information compiling, including implementing a flexible scheduling system, mobile back-up nurse resources and part-time nurse posts. Furthermore, these hospitals have also implemented a systematic performance appraisal system and established an index system that focuses on the quality and quantity of nursing service, technical risk and patient satisfaction, as well as the clinical and working performance of the nurse. The income distribution of nurses has shifted towards that of jobs characteristic of heavy workloads and high technology, thus reflecting the overall concept of equal pay for equal work/more pay for more work/merit pay [8,9].

Twenty-three hospitals supported by the National Clinical Key Specialty Subject Construction Project have established their own systems for nursing job placement, staff arrangement, performance management, and promotion, which are being implemented by additional participating hospitals. Many hospitals have also taken full advantage of the hospital’s information system to strengthen careful nursing management, such as the establishment of a mobile nursing information system for the identification of patients, execution of doctor’s instructions, entry of information, and the use of a vehicle for remote video rounds. These measures have increased the quality of nursing service and working efficiency.

3. Current problems and future focus

The first group of hospitals supported by the project have progressed to the final stage, and the second and third groups are in the implementation and construction stages. Over the first three years of the project, some problems in the implementation process have been identified. Some of the participating hospitals lack sufficient awareness and intensity of the work, and others lack overall and institutional organization, resulting in random and transitory work. A few hospitals lack motivation for work in the follow-up construction, and their progress has been slow or even remains stagnant. Together, these lead to the differences in the effect of implementation among project hospitals and contribute to the failure of some hospitals to reach their target. Thus, the long-term mechanism to motivate the nurses is imperfect; the management of nurses still needs to expand in depth and in breadth. There are three main working points in the next phase of the National Clinical Key Specialty Subject Construction Project to solve these problems, which are described below.

3.1. Deepen the reform of the nursing model and strengthen the construction of service connotation

As the project continues, implementation should focus on accountable holistic nursing, deepening of the connotation of nursing specialties, extension of the services provided and promotion of quality care. This can be achieved by encouraging nurses to improve their abilities to observe patients and promote patient rehabilitation with extended services, which will shorten hospital stays and reduce medical costs, as well as provide patient satisfaction.

3.2. Focus on personnel training by establishing the job training system

Standardized policies on new nurse orientation should be established. To provide training for specific nursing and nursing management, training methods should be innovative and the content scientifically designed. It will also be important to develop practical and clinical talents of nursing, and to improve the professional level and capability of systematic management.

3.3. Implement nursing-post management and strengthen the development of the nursing profession

To establish and perfect the long-term mechanism for motivating nurses and advancing their professional careers, relevant functional hospital departments should coordinate and actively promote post management according to the Guidance for the Implementation of Nursing-post Management in Hospitals issued by the Ministry of Health. In this way, the nursing profession can be stabilized and strengthened.

4. The mission and duty of the Chinese Nursing Association

The Chinese Nursing Association is the only national academic group that represents the extensive group of nurses in China. This association actively supports the scholarly communication of nurses, promotes nursing reform, advocates establishment of a legal system for nurses and takes on the transformational function of the government in its long-term work. These activities constitute a considerable effort in the development of nursing in China, and the Chinese Nursing Association has thus become an important communication bridge between nurses, the party and the government. The year 2014 is a critical stage in the nursing development program of the Twelfth Five-year Plan and is faced with rare historical opportunities. The Chinese Nursing Association will play a leading role, providing new historical contributions in promoting the development of nursing, deepening the medical and health system reform, and maintaining and promoting people’s health.

REFERENCES


