**The Clinical Nurse Specialist:
Issues in Practice**

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Edited by

DEBRA HUMPHRIS

MA, RGN, DipN(Londs), RNT

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*DEDICATED TO
Sophie's friends*

CONTRIBUTORS

Fiona Cameron

*Hospital Manager
Petersfield Hospital*

Debra Humphris

*Clinical Audit Co-ordinator
South West Thames Regional Health Authority
Formerly Course Leader ENB AO5 Diabetes Nurse Specialist Course*

Sheila Mackie Bailey

Freelance Lecturer/Consultant

Sarah Smart

*Service Manager
Department of Urology
St Mary's Hospital, Portsmouth*

Caroline Soar

*Nurse Teacher
Department of Professional Development
West Sussex College of Nursing & Midwifery*

Stephen Graham Wright

*Director
The European Nursing Development Agency
Tameside General Hospital*

EDITOR'S NOTE

The word *nursing* is used, for simplicity, throughout this text, to include nurses, midwives and health visitors.

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Clinical Nurse Specialists are 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. Amongst all Clinical Nurse Specialists there are common areas of practice. Therefore the intention of this book is to deal with these commonalities within the context of the United Kingdom health care service, and consequentially shaped around the key roles of the Clinical Nurse Specialist.

Over the last decade, nursing in the United Kingdom has witnessed a major development and expansion in the number of Clinical Nurse Specialists. These posts have been developed across a wide range of practice areas, with practitioners having a variety of levels of preparation, resulting in a very diverse group. This book is aimed at all Clinical Nurse Specialists, no matter what their speciality, and others who aspire to be so. It is hoped that the exploration of the areas of commonality among Clinical Nurse Specialists may encourage the debate which will lead to recognition of the benefits achieved by peer collaboration.

Rarely have so many factors in the wider picture of health care presented one group within nursing with such an opportunity to flourish and demonstrate the tangible worth of its contribution. The commitment to a range of initiatives, aimed at constantly improving the quality of the National Health Service, such as the Health of the Nation, the Patients' Charter and reducing Junior Hospital Doctors' hours, all present Clinical Nurse Specialists with unrivalled opportunities. The *raison d'être* of the role is to provide a high quality individualised service which is effective for the individual service-user. Clinical Nurse Specialists usually provide a service across a wide range of clinical areas within health care organisations, consequently they are both intra and entrepreneurial, working constantly to enhance the quality of the service provided to the population.

A central debate concerning the Clinical Nurse Specialist role is the need to explore the very essence of role *specialism*, and, therefore, to set out the fundamental structure of the role. In the first chapter I have highlighted not only the use of role theory and role definition statements, but also some of the tensions and dilemmas which may face every Clinical Nurse Specialist. One such dilemma is the differentiation between *speciality* and *specialism*, for it could be argued that as soon as nurses qualify and work within a particular area of care that they are in a speciality, and have started to specialise. However, does this make them specialists?

A major role of the Clinical Nurse Specialist is that of direct care, and in the second chapter Fiona Cameron explores some of the models of Specialist Practice. Having worked as a Clinical Nurse Specialist in elderly care, Fiona has dealt at first hand with the complex issues related to the operationalisation of the role. The purpose of the chapter is to explore differing models and frameworks which may be utilised by the Nurse Specialist in organising and operationalising the role. Fundamental to that exploration is some discussion aimed at explicating the differences between theoretical models and conceptual models.

Central to professional nursing practice without question is a research base, and in Chapter 3 Sheila Mackie Bailey examines the role of the Clinical Nurse Specialist in relation to the generation or motivation of the application of research in practice.

An important element of Clinical Nurse Specialist practice is its role as an educator, which is an element that consumes a considerable amount of the role, involving as it does clients, carers and colleagues. In Chapter 4 Caroline Soar and I have not set out to deal with the 'how' to educate, as these issues are dealt with extensively elsewhere in the literature. The intention of the chapter is to explore some of the issues related to the educator role, and in so doing, illustrate some of the dilemmas and contradictions faced by the Clinical Nurse Specialist. One intention is to question a number of assumptions and stimulate debate, as well as asking how effective is educational activity.

The development of the Clinical Nurse Specialist role, both in nature and number brings with it not only issues of professional accountability, but also wider legal and ethical implications. Caroline Soar, as Secretary to the Royal College of Nursing Ethics Forum, has an extensive knowledge of ethical and legal issues in clinical practice. In Chapter 5 she examines these, and the dilemmas such issues raise for Clinical Nurse Specialists.

An issue uppermost in the minds of many Clinical Nurse Specialists is the responsibility upon them to evaluate their role. We all have a pro-

fessional responsibility to engage in the evaluation of the service we deliver; for Clinical Nurse Specialists it may be to justify the role and its expenditure against a perceived threat of a reduction in services. Equally, evaluation may be about taking the opportunity to develop the role and its place within the Provider Unit, and thus attract extra resources. In Chapter 6 Sarah Smart, formally a Clinical Nurse Specialist, explores a range of strategies that present the Clinical Nurse Specialist with an opportunity to reflect and examine the services currently offered, and identify what is still required.

An increasing number of nurses in the United Kingdom have now adopted the title 'Consultant Nurse' or 'Nurse Consultant'. These two terms are themselves symbolic of the lack of clarity about what constitutes the role. There appears to be little clear consensus as to the role of consultant nurses, what their functions are, what educational background or experience they should have, what pay scales are appropriate, or how they differ from other, but clearly related, roles such as the Clinical Nurse Specialist. In the final chapter Stephen Graham Wright, Director of The European Nursing Development Agency, explores the concept of the Nurse Consultant, whether it is fact or fiction, and the relationship to the Clinical Nurse Specialist's role.

To date, there has been no British text which addresses the common issues of importance to all Clinical Nurse Specialists, regardless of their area of practice. In all the chapters, direct links to practice have been made with the use of examples based on the contributor's own experience.

Our aim is to inform and enhance the debate about the range of issues common to all Clinical Nurse Specialists. The vast majority of texts on Clinical Nurse Specialism are north American in origin, with the associated cross-cultural translation issues this brings. Clearly, the Clinical Nurse Specialist role within the United Kingdom National Health Service is subject to a range of pressures, including the implementation of the NHS & Community Care Act 1990, the Post Registration Education and Practice recommendations, the New Deal on junior Doctors' hours, workforce re-profiling, and the Scope of Professional Practice. All of these present both threats and opportunities to Clinical Nurse Specialists. What we have set out to do is to raise the debate on some of these issues, but we have by no means dealt with them all. We are however all clear about the vital contribution Clinical Nurse Specialists have to make to the continuing development of the quality of individualised patient/client care.

Debra Humphris
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