

# Evolution and Devolution Mini Doctor or Maxi Nurse?



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**nurse** *nurses, nursed, nursing*. 1. A trained person who works in a hospital or home taking care of the sick, of babies, or of old people.



Nursing's very familiarity contributes to it being undervalued and misunderstood. Nursing is one of the most demanding and interpersonal endeavours that can be undertaken , which is best accomplished when least noticed.

Brykczynska G (1997) *Caring. The compassion and Wisdom of Nursing*



## In the beginning

- 'Nurse led' development units
- 'Nurse led' services
- 'Nurse led'.....

What was meant by the term **nurse led** varied



# GI Nursing roles in the UK

- |                                         |                                                                            |
|-----------------------------------------|----------------------------------------------------------------------------|
| 1. Colorectal Nurse Specialists         | 1. Screening, Stoma Care, Cancer, Endoscopists, physiology                 |
| 2. Liver Nurse Specialists              | 2. Hepatitis, Alcohol, Cancer                                              |
| 3. Gastroenterology Nurse Specialists   | 3. Endoscopists, IBD, PEG, Nutrition, Cancer, Biologics, physiology        |
| 4. Endoscopy Nurses                     | 4. PEG, HCA's, Managers, Endoscopists, Screening, Decontamination, theatre |
| 5. Nurse consultant or Consultant nurse | 5&6. Any of the above                                                      |
| 6. Nurse practitioner                   |                                                                            |
- Add 'Advanced' 'Lead' or 'Senior' to any of the above'

# Are we clear about these roles

- Risk that ANP could be deskilling ward nurses reducing the need to use their own initiative and develop skills. Confusion around the role and what they actually do. **The ANP role can be defined as more than junior doctor substitutes**. Williamson, s et al (2012) Journal of Advanced Nursing Practice.
- A study of ward based ANPs found the role to be valuable and cost effective but found that there was confusion amongst nurses as to the role and a feeling of deskilling ward nurses. Haliday, Hunter et al (2018) BJN  
<https://doi.org/10.12968/bjon.2018.27.2.92>

# Advanced Nursing Practice..

*‘The proliferation of roles and titles is linked with other concerns around public protection, especially in relation to advanced practice roles in nursing. Many of these have evolved locally, and there is little consistency in terms of job content, title, scope of practice or credentials. Progress towards the regulation of advanced practice has long been debated....’*

*Front line care, report by the Prime Ministers commission (2010) Ari Darzi*

## Is there any doubt that we can work at an advanced level?

*‘Nurses use clinical judgment to protect, promote, and optimize health, prevent illness and injury, alleviate suffering, and advocate in health care for individuals, families, communities, and populations’*

*‘Nurses are capable of assessing, planning, implementing, and evaluating care independently of physicians, and they provide support from basic triage to emergency surgery’*

# Universal Health Coverage

- United Nations General Assembly in September 2015, the nations of the world signed up to the ambitious goal of Universal Health Coverage (UHC).
- Committed to the belief that everyone, everywhere, should have the right to receive the quality health services they need without suffering financial hardship.
- The WHO have developed a framework acknowledging that for health care to be truly universal, relevant and responsive to the changing world, a critical shift is needed – from health systems designed around single diseases and health institutions towards health systems designed for people, with people.
- people-centered care is not new to nursing and midwifery; in fact, it has always been fundamental to our theoretical and ethical core.

**RE ESTABLISH THE ROLE  
OF THE 'NURSE' IN  
SPECIALISM**

# The 6 C's



- improving health outcomes, patient well-being and independence
- working to provide positive patient experiences
- delivering high quality and measuring impact
- strengthening leadership
- improving skill mix
- supporting positive staff experiences.

# Care and compassion ....

*‘Caring is at once ubiquitous and specific – something commonplace and yet a fine art that needs to be nurtured, developed and supported’*

- Develop a critical understanding of how you ‘care’
- Create and sustain a culture and environment that is demonstrably caring and compassionate through:

Team working – recognising and utilising skills

No blame culture

Influencing behaviour – hardwiring excellence

Role modeling

# Competence...Doing the job right

*'We train for certainty and educate for uncertainty'*

- Skill mix based on competence.
- Extended role → Expanded Role/Specialism
- Recognising when you reach your level of incompetence.
- Knowledge and skills supported and validated through induction, mentorship, the appraisal system and role modeling.
- Investing in Leadership
- CAPABILITY - knowing the right job to do

# Communication ....

*‘ Patient’s experienced crushing vulnerability’*

- Make every contact count – listen to the patient.
- The right information at the right time.
- Remember that the spoken word makes up only 10% of effective communication.
- Be self aware of how you come across to patients
- Review written information – information standard, information prescription.

# Courage & Commitment

*Knowledge – Vision – Leadership*

- Nurses have a powerful voice which is often under-used and under represented.
- Challenge the ‘futile’ actions that take us away from patients and add little value. Shift from top-heavy, bureaucratic processes to bottom-up initiatives
- Define ourselves – Our professional identity as nurses
- Nurses and Midwives make up the largest proportion of Health Workers. Key to achieving WHO vision.



# The future of nursing?

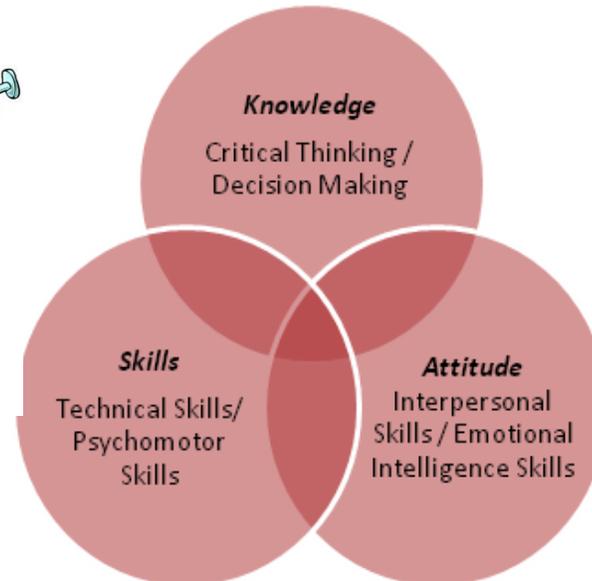
*The global nurse workforce must be viewed, not only within the context of the health status of nations, government investment in health budgets, nurse/health care migration, economic realities, and working conditions but also within the context of the diverse preparation and practice of its practitioners.*

Nichols et al (2011) The Future of Nursing: Leading Change, Advancing Health. **J International Models of Nursing**

# Indemnifying practice

- Professional and role identity (job description/contract of employment).
- Practice indemnity relevant to your role and scope of practice (organisation/professional body)
- Code of professional conduct and ethics

**PROTECT PATIENTS**



# Conclusion.....

- We cannot abandon the work of care-giving nor the moral commitment to care embedded in nursing as a vocation.
- We must examine critically the social arrangements which determine who provides care and the terms and conditions under which they do so.
- These social arrangements inhibit or sustain our capacity to care' above and beyond our individual vocation or moral commitment.
- The 21 century people-centered health system must be dynamic, flexible, inclusive and participatory

*Here is Edward Bear coming downstairs now, bump, bump, bump, on the back of his head, behind Christopher Robin. It is, as far as he knows, the only way of coming downstairs, but sometimes he feels that there really is another way...if only he could stop bumping for a moment and think of it!*

A. A. Milne

