Titel

Quality needs Competence and Responsibility –
Challenges and Perspectives of Advanced Nursing Practice for the Health Care System

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Abstract

Advanced Nursing Practice seems to be an answer to the complex challenges of the health system. However the quality of Advanced Nursing Practice is researched by comparison to medical care. These attempts to legitimise Advanced Nursing Practice decrease the potentials of nursing care. In contrast to this a prospect for Advanced Nursing Practice should be derived from the core of nursing, namely the relation to the life-world of the clients, the closeness to the clients and their families and the opportunity for consistency in health care. This vision has to be realized by means of autonomy and responsibility in nursing care. The competence to autonomous and responsible decision making is based on an educational process, where the ability to perceive the situation of client as changeable is developed.

Introduction

This paper debates the statement - quality needs competence and responsibility as a precondition for the realization of an advanced nursing practice. This statement will be substantiated by an empirical example, which was analysed by means of an qualitative study to explore the meaning of responsibility in nursing (Gaidys, 2008). Referring to this quote the term nursing quality, which is used in the international discourse on advanced nursing practice will be critically discussed.

In a second step a perspective of an advanced nursing practice will be developed on the basis of this previous reflection. This perspective will refer to a further development of nursing practice based on an originary nursing care approach.

This nursing care approach will be the foundation for the description of nursing competences.
The paper concludes with the interpretation of responsibility and autonomy as a precondition necessary to realize an advanced nursing practice.

**The term of nursing quality within the discussion about on Advanced Nursing Practice**

The relation between the quality of health care, competence and responsibility is portrayed in the following description of a situation, which was empirically explored (Gaidys, 2008). Nursing students Heike says:

“I have been in the surgical ward...were many wounds still being treated with dry dressings, even though it is known for a long time that moist wound dressings are better especially with decubitus ulcer. I asked my mentor about it, who told me that this is true. But it is ... wound dressing is an order by the doctor. I did ... ehm ask another nurse, who I was on the late shift with, who had to care for this ulcer, who did not listen and then I have with the doctor ... I even asked the doctor who agreed with me ... ehm ... But he was not the ward physician just a doctor who was being called and who even agreed with me, because the wound had to be cared for again because it was bleeding. However the doctor did not want to get involved in the affairs of the doctor who was in charge. Yes. I find such situations really depressing because I think it is probably a really big lack of interest from the people who work there. Especially with things which should be known for a long time and when there is a nurse, who is specialised in wound care. She also said that moist wound care is better, but who is not called to help. I don’t know why not.” Heike (interview 2, page 7, line 210–241).

The discussion about the quality of nursing care is of central meaning to the people, which are in the focus of health care. Advanced Nursing Practice appears to be an answer to the global increasing complexity of the challenges of the health care system. The effect of advanced nursing practice on the quality of health care is attempted to be described by means of empirical research ever since the development and implementation of such concepts. There is a number of systematic reviews (Horrocks et al., 2002; Kleinpell et al., 2008; Corbett and McGuigan, 2008; Großmann et al., 2008; Newhouse et al., 2011; Jokiniemi et al.; 2012;) and even an Health Technology Assessment Report (Frank et al. 2006), which investigates the quality of health care if Advanced Nurse Practitioners assume tasks, which were formerly appointed to physicians. These inquiries indicate to the conclusion that nurses obtain health care with the same quality as physicians.
However these results can also be interpreted vice versa, as Sakr et al. (1999) do in their randomized controlled trial by stating that physicians and nurses likewise conduct health care inadequately or poorly.

Schober and Affara (2006) conclude that these surveys concentrate on characteristics, which are comparable to medical procedure. These results, which reveal similar quality of medical care done by Advanced Nurse Practitioners and which at the same time imply that nurses do this work more cost-effective, are an attempt to justify an advanced nursing practice.

These research based efforts, which compare medical practice to nursing practice, do not only generate interprofessional competition within a multiprofessional health care system, as the discussion in the British Medical Journal (Godlee, 2008) shows, but do also create a compensatory model of health care. Deficits and challenges on medical care, as the access to medical diagnostic and treatment, which are more demanding to realize because of manifold reasons, shall apparently be dealt with by means of a changed and extended definition of nursing.

The historical development of Advanced Nursing Practice confirms, that this concept was developed because of a shortage of medical staff respectively physicians (Robinson, 1993; Curry, 1994; Maurice und Byrnes, 2001; Sachverständigenrat Gesundheit, 2007; Corbett and McGuigan, 2008).

Based on the challenges of medical health care tasks as physical examination, providing a diagnosis, prescription of medication are discussed and described as jobs for Advanced Nurse Practitioners (Ball, 2005). This compensatory perspective on advanced nursing practice and the therewith associated logic of reasoning, by researching isolated patient outcomes based on a reductionistic perception of nursing care undermines the further development of the quality of nursing care.

Let me justify this opinion now.

A perspective for an advanced nursing practice not only in Germany

Since the awakening of its professional awareness nursing made enormous efforts to describe its unique contribution to health care. Nursing deprived itself from the heteronomy of the medical profession to open the potential of nursing care to the people in need and their families. By means of this process nursing acquired academic education and access to scientific research. However now we face the challenge to develop nursing accordingly to the knowledge we gained through academic education and research and accordingly to the clinical and epidemiological needs of our clients.
In this context Turris, Smith und Gillrie (2005) emphasizes: *The value is not in the role functions that overlap, as in the role function that are unique* “ (p. 148). Consistently we should not ask, what kind of jobs nurses can do as good as physicians. Instead the question should be what kind of work can nurses do as good as nobody else. What do nurses do better than others? Instead of a compensatory version of advanced nursing practice a model of development of the core of nursing should be realized.

Meleis (1997) states that nursing as a human science seeks to understand the experiences people have with health and illness. Bartholomeyczik (2000) maintains that nursing answers the question how to live a live with health constraints to the most possible individual potential. This means that nursing focuses on the consequences of health situations to the daily live and daily activities of our clients. A medical diagnostic, which is concerned with the functional disorder and which develops on this bases a definition of the illness is not sufficient for nursing. Nurses need to be able to assess the limitation on the so called life-world of our clients as Schrems (2007) explains. This requires the competence to evaluate the influences of health constraints to the everyday experiences and the everyday routine, to the daily living of our clients and their families. This needs knowledge in pathophysiology, however this alone is not sufficient. Nursing knowledge exceeds this, nurses focus on the life-world on for instance people with chronic health issues. Nurses interpret the experiences and perception of our clients and base their intervention on these interpretations to promote the potential of every individual. This also means to focus not only on the acute health care setting, instead to offer community based, low-threshold and accessible health care and to open the possibilities of advanced nursing practice to the people in need.

However also the acute hospital based health care setting needs to reduce the barriers to their care. This is a considerable capacity of Advanced Nurse Practitioner, because for example the emergency care units are more and more overcharged with people, who need health care but no emergency care. These clients indicate that they know, they should not visit the emergency unit, however they could not get an ordinary appointment to a doctor and somebody needs to take care of their back pain now.

Advanced Nurse Practitioner should be able to function as the first contact person and to react to complex and individual situations within the community care setting in nursing led consultations as well as in the clinical emergency assessment. Another consequence derived from the focus to evaluate the health situation on its implication to the daily living and the individual potentials of our clients and their families is the initiation and guarantee of the continuity and stability of health care arrangements. Particularly the breaks and disruptions of
health care contain a significant problem for people with chronic diseases, for the elderly, for people with multimorbid health situations (Sachverständigenrat Gesundheit, 2007). Advanced Nurse Practitioner need the competence and the authority to admit and discharge patients to different health care programs. Again these decisions are not only to make from the focus on the diagnosis and more often from classification of the disease related groups, but from its impact to the daily living of the client.

The model of an advanced nursing practice is justified by a perspective, which is the core of nursing, explicitly the relation to the life-world of the client, the understanding of their experiences with health and illness and the guarantee of the consistency of health care.

**The meaning of responsibility and autonomy of nursing**

If Advanced Nurse Practitioner make decisions about the structure of the individual health care process, they need knowledge about the therapeutic and rehabilitative effects of nursing within the acute and the community based care setting. That means this effects of nursing care have to be researched, because without research based knowledge nurses will not and should not get the authority to prescribe health care interventions. Yet this alone is not enough. The initial described example showed that informed clinical knowledge was existed within the hospital, because the student and all other people involved knew that moist wound dressing is better, there were wound trainings within the hospital, there were a nursing expert specialised on wound care, which would fit into the role of an Advanced Nurse Practitioner, yet there was no authority to autonomous decision making. The autonomy of Advanced Nurse Practitioner regarding their decisions and actions need to be based on nursing science knowledge and nursing competencies. Nursing autonomy is defined comprehensively by Holland Wade (1999). She describes autonomy as a process of independent decision making on the foundation of nursing knowledge. This signifies that autonomy for nurses can only be claimed in an original nursing area. If medical decisions should be made autonomously by nurses, a reinterpretation of nursing is necessary in a way that formerly medical decisions are now defined as nursing tasks. Yet it is questionable on what kind of epistemology this should occur. Or it must be accepted that the adoption of medical decisions remains a dependent area of nursing.

Closely linked with this debate is the concept of responsibility. Mieg (1994) attempted to define responsibility with uncertainty and complexity. He shows that the more uncertain a situation is perceived the more responsibility is taken and the more complex a situation is perceived the more responsibility is taken (Mieg, 1994). This means that nurses need to take
responsibility particularly in situations where evidence based knowledge has to be adapted to the individual situations of the patient. Specifically in nursing, where situations consistently need to be assessed and re-interpreted, the ability to take responsibility is a precondition for successful nursing.

The quoted example shows a situation, which is not standardized as most health care situations. The doctor in charge is not present. In fact there is a nurse with specialized knowledge in wound care, she is competent but not responsible, because as student Heike says the doctor is responsible. If this schizophrenic status remains, that nurses shall perform, but are not responsible and with it not accountable, this leads to a professional bourn-out and in the last consequence this puts our clients in risk.

Tewes (2002) explicates in her profound study the preconditions for the realization of nursing responsibility. The outcomes of her research confirms, that responsibility in nursing is only possible if the following conditions exist: decision-making competence, autonomy, attributed authority, professional competence, interpersonal competence and control over one’s own action. Hence nursing knowledge developed by research is only one contributing factor for the acceptance of responsibility.

Conclusion

A basic necessity to obtain the quality of health care is therefore professional competence and the ability to assume responsibility within complex and uncertain health care situations. To take responsibility means to be confident that one’s own leeway in decision making is existent. The development of this conviction is an educational process. Klafki (2002) states that education means to perceive one’s own situation as changeable. Only with this internalised certainty nurses will perceive the situation of their clients as changeable. The understanding, that one’s own professional situation and the situation of the client is changeable is a precondition to perceive the health care process as influenceable by nursing interventions. In fact the assumption of responsibility means to understand that the situation of the client is shaped by one’s own action.

This belief is a precondition for advanced nursing practice. With this advanced nursing practice seems to be not so much depended on structural conditions rather those structural conditions have be perceived as influencable by the intervention of nurses. A requirement to this development is a systematic process of education, in which the development of one’s own personality is focused (Wittneben, 2005).
In this sense the development of an advanced nursing practice is not dependent on a description of tasks but on the description of responsibility, which is the competence to act and to give an answer for one’s action.

References


