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Health Nurse Clinician

An Extended Role for the Professional Nurse

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A program to upgrade the level of nursing involvement in patient care has been established in conjunction with Wayne State University. Offered as a possible solution to the shortage of health care personnel, the master's degree program would result in an upward movement of medical personnel and provide more continuity of care to the patient. More specifically, the trained Health Nurse Clinician would be able to provide better nursing care because of the nurse's greater awareness of the patient's health problem. She (or he) could also free the physician from some of the time-consuming aspects of routine physical examination without relinquishing any of his responsibility for diagnosis and therapy.

A growing population that is increasingly aware of its health needs—and financially better able to meet them—is now placing greater demands on the people and the institutions which provide health care. With the foreseeable shortage of health care personnel, we must look at the entire structure of health care delivery to see where overlapping functions can be redistributed by an upward movement of qualified personnel.

An appraisal of health care delivery problems several years ago showed that the nurse could be trained to use her nursing skills in a more effective way if she could become involved in the assessment of the patient's problem. This involvement would start with taking health histories and with participation in some aspect of the physical examination. Two potential outcomes of such involvement would be:

2. A freeing of the physician's time without relinquishing any of his responsibility for diagnosis and therapy.

When research at Henry Ford Hospital indicated that there was a good possibility that both expectations could be realized, the McGregor Foundation provided "seed" money to assist the project, and the Wayne State Univer-
University College of Nursing added their support. This finally led to a grant by the United States Public Health Service to support a project leading to a master's degree in nursing which would (a) prepare Health Nurse Clinicians and (b) evaluate their impact on patient care and the delivery of health care. A curriculum was developed to prepare such a nurse with the hope of increasing the level of professional responsibility in patient care, increasing the ability to identify nursing problems and evaluate care, modifying existing nursing service systems, and increasing the collaborative relationship between nurses, physicians and paramedical personnel.

A Look at the Doctor's Role:

More often than not, the doctor is the first contact when a patient needs health care. By training, licensure and tradition the doctor uniquely is the person who can and does accept responsibility for detecting and treating disease.

The physician's role is the collection of information about the patient and his disease, organizing this data in order to reach a conclusion or diagnosis, and choosing appropriate actions, i.e., surgery, medicine or some other modality of therapy.

This collection of information occupies three quarters or more of the time expended in the care of each patient. Reaching a conclusion (diagnosis) requires relatively little expenditure of time once the full data from history, physical exam and laboratory examination is collected. Also, the action to be taken is usually not time consuming except in the case of surgery and psychotherapy.

In addition, the physician usually assumes the responsibility for planning the total health care of the patient, but very often he simply does not have the time to plan for on-going comprehensive care. This means that many health maintenance or health promotion measures are omitted or performed in an inadequate manner. There is little planning for the patient's transition from home to hospital and back to home again. Due to the pressure of large caseloads, the physician can offer only limited time for pre- and post-hospitalization planning. If the time consuming part of the physician's task is sharable, we are looking at a concept which could make immediate and very large inroads into the problems of physician shortages and incidentally, but importantly, rising costs of health care.

A Look at the Nurse:

Though traditionally associated with "creature comfort," the nurse has assumed a great many important roles in patient care. She has willingly done a number of menial tasks for the patient, has served as the doctor's "handmaiden," and at the same time, maintained a professional identity while working for a comparatively low salary. Perhaps in response to the breadth of duties expected, she has been an innovator and has become an expert delegator of duties to practical nurses, nurse aides and others.

She can be found in doctors' offices, in clinics, in public health agencies, in cardiac catheter laboratories, in hemodialysis units, in operating rooms, and in many other places—performing in roles so varied that it is difficult to describe the typical role of the nurse.
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The nurse meets frustration because of the many accessory duties which preclude the fullest application of her skills in patient care. A great many nurses are lost to the profession as a reaction to these frustrations. Some seek further intellectual stimulation in academic pursuit and in teaching. Many do not return to nursing after marriage because of the barriers preventing their participation in patient care. Professional excellence in nursing is usually "rewarded" by further removal from the patient, so that the nurse advances to head nurse and becomes a schedule maker and coordinator—further frustration. On the other hand, the nurse who finds herself in a more "independent" role because of personal patient contact, as in the Visiting Nurse Association, has to make decisions for which she is unprepared—e.g., she may be unable to recognize congestive heart failure, stroke or coronary occlusion except by the most indirect methods. Within the hospital or nursing home the bedside nurse, in the doctor's absence, is expected to recognize a change in the patient's status which requires action, and she is expected to perform this crucial function without the use of the stethoscope or other aids, and without full knowledge of pathologic physiology. A remarkable expectation—yet physicians generally agree that the nurse has performed remarkably well under these circumstances.

A Look at the Health Nurse Clinician's Role:

The role of the health nurse clinician would be based on the health care needs of patients and families and, in a broader sense, the health care needs of particular segments of the population. This approach will require the Health Nurse Clinician (HNC) to maintain a generalized view of patient care. She will be called upon to provide care which will uniquely fit the biologic and social needs of the patient and his family. This clinically-prepared nurse will have the qualities of judgment and decision-making which will enable her to assume responsibility in managing patient care problems. By acquiring skills in history taking and physical examination, the HNC extends the traditional role of the nurse. She can be allowed to use her educational preparation and talent more fully, thus create a new image for herself in regard to the patient and physician. In so doing, she will perpetuate her professionalism.

Among her expanded functions would be full medical, social and nursing assessment of the patient, the preparation for, collection and collation of laboratory and x-ray data; contacts with necessary community agencies in patient care; the teaching of preventive health measures; assistance to the patient in maintaining dietary, drug, and other therapeutic modalities; phone and home follow-up of the patient, nursing care orders, clinical research, data collection and retrieval, triage in nursing homes and emergency rooms; supervision of community and preventive medical centers; increased effectiveness in chronic care and extended care facilities; and coordination of standard nursing procedures.

In carrying out these potential functions the health nurse clinician can be visualized as serving as an effective link between the hospital out-patient department (or the doctor's office) and the patient's home during convales-
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cence, rehabilitation or in emergencies. The HNC can be seen carrying out a most effective role in the hospital which has no interns or residents. In teaching hospitals she would be able to supervise the care of the stable ill and chronically ill patients, thus greatly improving the opportunities for residents and interns to concentrate on the more seriously ill and the patients with more rapidly changing findings. The HNC who works in conjunction with the physician actually can deal with three major categories of patients:

1. The patient who is seen by the physician and has specific nursing needs.
2. The patient who is in a chronic stable phase of his illness and can be cared for by the nurse.
3. The patient who needs to be screened and routed to the appropriate health resource.

Her role in no way supplants the physician's ultimate responsibility for providing medical care to the patient.

Relationship Between Physician and Health Nurse Clinician:

The impact of the HNC in the health care system will depend largely upon the "development of interprofessional relationships between physicians and nurses which will permit the establishment of kinds of working relationships involving team care, mutual trust, and respect." Physicians must be willing to share the responsibility of patient care with the health nurse clinician. The physician always retains his responsibility for diagnosing and establishing medical treatment, but he can be assisted by the health nurse clinician in carrying out his plan of therapy and following its effects on the patient. Thus, health care becomes a shared task.

While it is true that the nurse must prove herself in this new role, she must have support and recognition from the physician. Only then can the nurse and physician function inter-professionally in providing care. It is most important that the physician validate the medical component of the HNC's role. With his validation, the acceptance of the extended role by other health personnel can only add to the fullest utilization of her total repertory of skills and knowledge. A positive attitude by the physician toward this new role for the professional nurse can help to orient and re-educate the patients, nursing personnel, and other physicians. Indeed, strong approval and support will further the acceptance of the HNC by patients and members of her peer group.

Nursing education will play a vital part in developing this "team care" concept. Too often, nursing educators are overly concerned with the idea of separating nursing from medicine—specifically, attempting to identify unique nursing theory, science, and function. This tends to create a significant obstacle to establishing an inter-professional relationship between the physician and nurse. Instead of trying to divide nursing and medicine, nursing educators need to collaborate more with physicians so as to create opportunities in which nursing students may learn from physicians and, thereby, deepen their knowledge and skills in patient care. Such collaboration between physicians and nurses might break down some of the barriers of "professionalism" and lead us back to
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the common goal of meeting patient needs.

A Look at Nursing Service:

If the HNC is to function in the way that has been described, it seems imperative that the nursing service in the institution in which she practices evaluates her placement within the nursing service organization. If she is to provide clinical care to patients, she cannot be burdened with the responsibility of supervising personnel or administrative matters, except as a consultant and teacher to nursing personnel.

The HNC in the organizational structure must carry prestige and authority so that nursing personnel do not view her activities as "a bit of icing on the cake." They must value the HNC's activity for the hospitalized patient as being as important as the medical care planning and evaluating. One must complement the other in order to provide adequate care for the patient. The patient and his needs remain the focal point of concern for the physician and the health nurse clinician.

Unless nursing service can respond in this manner, there will be increasing numbers of health care workers who function independently of nursing and who assume many of the tasks of nursing. What happens to the patient in this kind of situation? His care becomes more and more fragmented between a variety of workers. No one maintains the responsibility for coordinating these efforts except for the physician—who already is overburdened with providing medical care. We suggest that the HNC co-ordinate the activities needed in providing patient care; this may reduce the amount of fragmented nursing care that patients receive and will lessen their exposure to a confusing multitude of health care workers.

In this concept, the nursing service administrator's realm of responsibility is confined to the administrative matters that are needed to run an institution. She or he becomes less and less involved in making decisions regarding specific patient care needs. The clinical nursing care given to patients will be in control of the health nurse clinician. She and the physician will make the decisions regarding the clinical care of the patient whether it be medicine or nursing. Response to patient care needs can be more efficient. The health nurse clinician's loyalty in this situation would be to the patient, to the physician and to the nursing service administrator. This would require a considerable degree of maturity on the part of the HNC, as well as the other individuals involved.

Conclusion:

The traditional pattern of nursing service organization within health agencies must change in order to respond to the change in the health needs of the population. The patient's traditional view of what the physician does seems largely a matter of what the physician has trained the patient to expect. Once the patient perceives that the health nurse clinician facilitates his care, his enthusiasm grows. Certainly, there are limits to what the nurse practitioner can do. But these limitations, as important as they are, are less interesting than the greatly widened role which she can fulfill. Not all nurses, all patients, or all doctors will agree on
the merit of this innovation, yet is it not immoral to deny access of health care for any reason?

The challenge is to facilitate access to health care by more efficient use of health care personnel. The nurse can play a greater role in this challenging situation, and the physician can increase his effectiveness—when the emphasis is on both doing more of what they are uniquely capable of doing and less of what others can do instead.

REFERENCES