

SPECIAL PAPER

The Nurse Consultant: an Innovative Role in the Greek Health Care System?

Antigoni Fountouki, RN, MSc

Oncology ward, "AXEPA" Hospital, Thessaloniki, Greece

Ourania Pediaditaki, RN, MSc

Neurodevelopment Center, "Hippocraton" Hospital, Thessaloniki, Greece

Dimitrios Theofanidis, RN, MSc

Lecturer, Nursing Department, Technological Educational Institute of Thessaloniki, Greece

Correspondence: Antigoni Fountouki, Ierosolomon 21, Kalamaria, 55134 Thessaloniki, Greece e-mail: dimitrisnoni@yahoo.gr

Abstract

Introduction: Nursing has gone through phases of being a static profession in many countries with difficulty in breaking this mold in order to escalate its full potential. In countries where innovative roles and new posts for nursing flourish i.e. nurse consultant, clinical nurse specialist and others, nurses enjoy advanced professional independence, greater respect from other health care professionals and hold higher prestige within the extended society. The nursing profession in Greece requires innovative ways to raise the expertise and profile of its members.

Aim: This paper presents the merits of introducing a consultant nurse training programme and posts into the Greek National Health Care System in order actively to address the many problems facing the profession.

Discussion and Conclusions: The introduction of the nurse consultant post in Greece would provide access for continual professional development of the nursing staff, open specialist career opportunities and would raise the morale and standing of nurses. As this requires change, a brief overview of the theory of change is also presented.

Key Words: nurse consultant, role, Greek Health Care System

Introduction

Before the turn of the millennium, management experts had observed that as the 21st century approached the pace of change demanded of organizations, and those who work in them, were enormous. The advent of the information age, where knowledge is the key resource, global financial competition had led the world of work into disarray. Organizations were attempting to move from the traditional model to a modern dynamic structure where people could contribute their creativity, energy and foresight effectively. With the arrival of the 21st century the increased pace of change was evident. This was extremely demanding for all the professionals and particularly for Health Care Professionals (HCPs), globally. This

constant change involved new roles for HCPs, increased technological advances in treatment and care, new therapies arising from research and also changes in hospital policies and management styles. (Shaw 2010, McKenna et al., 2008).

In 2001, the British Nursing & Midwifery Council (NMC) identified the need for nurses and midwives to update their professional knowledge and competence in order to be able to cope with the demands and complexities of modern professional practice. In this context the NMC now requires registered nurses and midwives to develop a portfolio of learning and practice which includes their personal professional profile. This requirement is essential in order to renew their registration with the NMC

every three years. Similar efforts have been undertaken from many different organizations and employers over the entire United Kingdom, aiming for the lifelong learning of HCPs (NMC Publications, 2001).

In Greece, the pace of change is slower. Polizos and Ifantopoulos (2000) report the problem of a considerable deficit of nurses that work for the Greek National Health System (GNHS). In 1995 the total number of nurses who worked in the GNSH was 40.000. Job vacancies in the hospitals in that period were 20.000. From the total of 40.000 the ratio of graduate nurses (minimum 3½ years nursing education) to inhabitants was 1:950. If the estimated number of nurses includes those with 2 years nursing education the ratio becomes 1 per 460 inhabitants. This indicator is markedly lower than other countries in the E.U. by a considerable amount. The problem still exists despite a modification in the total number of nurses who work for the GNHS in the period between 1995-2000, with a 24% increase in their number, (Polizos & Ifantopoulos, 2000).

According to the Greek Hospital Medical Confederation (2003) the accumulation of problems in the GNHS is a daily occurrence. The main reason for this has been recognized as a lack of qualifications in the hospital staff and insufficient educational programs for post-registered HCPs. A lack of advanced and lifelong education for doctors and nurses is a basic weakness, which has led to the downgrading of HCPs. Moreover, post-graduate studies for all registered HCPs have been identified as an important goal of government policy in order to confront effectively the problems in health care (Greek Hospital Medical Confederation 2003, Tzamakou et al., 2008).

In accordance with the Records of Greek Medicine 50% of nurses abandon the profession before or after their graduation. The reasons for this are low salaries, the adverse working conditions and poor quality education. A long lasting plan to cover these needs and to upgrade and empower the nursing profession was observed as a prerequisite for its future development (Polizos and Ifantopoulos, 2000).

It is hoped that the role of the consultant nurse, as it has developed in the last few years in developed countries, would enable organizations to implement a new vision for nursing (DoH, 2006). This in turn would facilitate a new modern Health Care System with the promotion of evidenced-based practice, clinical effectiveness and also clinical governance. In the opinion of Manley (2000) the consultant nurse holds a multi-dimensional role which includes the following components:

- an expert practitioner in nursing
- an educator able to motivate others about new ways of practice
- an expert researcher in practice based research methodologies
- a professional in leadership and consultancy

Empowerment of staff and improved practice are identified as core outcomes of the role of the consultant nurse. This can only be achieved if it is conducted within a highly supportive clinical environment (Manley, 2000).

With the introduction of the consultant nurse in Greek hospitals, it is argued that improvements in patient care and advancements in nursing practice would be gained. Specifically, nurses who work for the GNHS would find the consultant nurse a great support in order to cover gaps in their education and to gain commitment in research fields. Advanced theoretical knowledge can lead to advanced practice (Papadimitriou et al., 2003, Roupa et al., 2008). Moreover, the Greek nursing profession itself would be empowered i.e. nurses would grow and develop as individuals becoming more autonomous and taking more responsibilities for their actions. Empowerment also includes the banding together of interesting parties to achieve collective goals.

Achieving such goals requires major strategic changes. An action plan is needed concerning the function of the consultant nurse in the Greek context. Improvements need to be sought in order to bring about change in the hospital setting. As noted by Senior (1997) in organizational change "There is always some precipitating event.

The response almost always involves some creative thinking and particularly, in the case of more radical transformational change, some innovative result”.

The role of the consultant nurse

The role of the consultant nurse embraces advanced nursing roles along with the roles of the nurse practitioner, nurse clinician and clinical nurse specialist (Gardner & Proctor 2004). According to the American Nurses' Association, nurses in advanced clinical practice integrate education, research, management, leadership and consultation into their clinical role (Woodward et al., 2006).

It is clear that 'advanced practice' is defined as a multi-faceted clinical role. Nevertheless critics may argue that it is impossible for a nurse to fulfill such a multidimensional role to maximum effect. The notion of advanced practice perceived by the United Kingdom Central Council (UKCC, 1990 p.26) present this as the practice which reflects a range of skills which incorporate direct care, education, research, management, involvement in health policy-making and development of strategies. Whilst these definitions of advanced nursing do not determine that all role components should develop equally and must be presented at the level of 'expert' it has been argued that there is an intension to introduce a 'super nurse' and this might be resisted by the harsh reality of clinical practice (Department of Health, 2006).

It is suggested by Graham (2007) that the consultant nurse is usually employed in secondary care and in units with various wards in order to promote quality nursing. This role encompasses monitoring and evaluation practice, education of unit staff and the creation of a learning environment including the teaching of research and managerial skills.

According to Booth et al., (2006) the consultant nurse is an interface between the nurses of the unit and the organization. They deliver expert direct care and act as a change agent. The achievement of an education to at least Masters Degree level is absolutely essential for the consultant nurse. Moreover, they must be expert teachers, able to

facilitate various educational programs which would include one-to-one teaching, workshops, conference work or curriculum development (Bridges & Meyer 2007, Gerrish et al., 2007).

In addition to this Callaghan (2008) argues that the consultant nurse needs a considerable body of knowledge associated with a wide range of interpersonal, managerial and research skills. In order to facilitate the process of change, the consultant nurse should be able to act as a leader in the field, aiming at setting a vision for nursing which will influence other nurses. A three-year study conducted in an English Nursing Development Unit investigated the development of a consultant nurse post and its contribution to organizational change. The results emphasized the positive impact of this role on the unit. The researcher noted that the consultant nurse affected the staff as a research and educational resource and as a motivator and supporter who was always there for them. This helped individuals to achieve their potential (Manley et al., 2008).

There is an expectation that this role could lead to an exceptional development of nursing practice and an evolution of the nursing profession. The consultant nurse should have a clear vision of nursing and this could affect and influence the development and vision of other nurses about their profession (O'Baugh et al., 2007). As noted by Fulton (2003) advanced nursing roles and specifically the role of the consultant could be 'key player' in the expansion of nursing. The author defined expansion as the application of advanced nursing theory for the purpose of expanding the depth and breath of nursing within the context of nursing practice (Fulton 2003).

According to Senior (1997) organizations have to pursue change otherwise they will perish. Although an organization can be defined as a social entity, which has a purpose and a boundary and defines the activities of participants into a recognizable structure, a more concrete stance focused on an organization being a group of people brought together for a purpose of achieving certain objectives. Hospitals, as complex organizations, must be prepared for change.

Many management gurus stress the need to accept the recent accelerated pace of change and special measures should be taken in order to anticipate change and to correspond appropriately.

The four key areas of responsibility for nurse consultants are:

- Expert practice
- Professional leadership and consultancy
- Education and development
- Practice and service development linked to research and evaluation.

Although the post generally prerequisites a Master's or Doctorate level, additional specialty-specific professional qualifications are also essential (Jannings & Armitage 2001).

Change management

At the minimum, an understanding of change management would be essential in order to recognize what drives change. The following provides a brief summary of this principle. Lewin's (1951) classical model has three phases. The first one *-unfreezing-* concerns the 'shaking up' of people's habitual way of thinking so they become aware of the change needed and are ready to react. In practice, this requires informing the staff why this role is necessary, explaining how this could be useful and supportive to their work. This is a goal of major importance as change will not occur unless those concerned understand its necessity and are prepared to 'will' it (Senior, 1997). This phase would probably include information showing discrepancies between new opportunities, modes of operation and an outline of how the current situation could be improved.

There are four principal approaches of this role in hospitals (Chiarella 2006, Coster et al., 2006).

- Nurse-centered, consultations when the consultant nurse is involved primarily with the nurse in charge or the ward sister in order to discuss recent advances in nursing practice concerning a specific patient's problem. In this case, the consultant would have little if any contact with the patient.
- Patient-centered, where the consultancy to nurses also includes direct care of the patient. In this case, the

consultant nurse uses their expertise in order to help with the care plan or to demonstrate a specialist technique.

- Education-centered, where the consultant nurse is active in course development, conferences and group work in order to create a learning environment for the staff.

- Management-centered, where approach the consultant nurse gives advice on developments for ward/clinic or the organization, depending on his/her post and position.

The above briefly summarizes the context and role of the consultant nurse.

The second phase of Lewin's (1951) change process is called *moving*. According to Senior (1997) this phase is the transition period that results in the configuration of a new state. It involves displaying new types of behavior by individuals and an effort to establish new strategies and structures.

Lewin's final phase in the change process is referred to as *refreezing*. It involves the stabilization of change. This requires securing changes against remission or 'backsliding' and may include recruitment of new staff who is 'untainted' by the old systems, protocols or habits. The way in which each consultant nurse will organize their work and the goals they in order to attain improved practice would depend on the personality of each consultant nurse and the specific setting of the work (Redfern & Christian, 2003).

For example in an oncology hospital the consultant nurse's role might develop as follows. The first priority would be to introduce and familiarize their role to the staff, not only nursing staff but to all the professionals with whom it is possible to collaborate. It is a major requirement to clarify what the responsibilities and duties are and how this role would be helpful to the other staff. At present, the Greek health care system faces many problems which need innovative solutions and ideas to improve work conditions within restricted budgets.

With persuasive effort when approaching nurses and their superiors, daily collaboration should lead to an understanding of this role and its benefits

especially for staff and patients. Problem solving related to patient care and the advice of it when nursing dilemmas arise would be supportive for both the nurse's work and lead to improved patient's care. Furthermore, the presentation of scientific data and research results during the planning of patient care would help to advance nursing practice.

The case of Greece

In contemporary Greece, the position of consultant nurse has yet to be established. This is of particular importance in Greece because of the low variation of professional roles for nurses. Moreover, for the public sector, all nurses have permanent posts and job vacancies are offered centrally. The formal initiation of the consultant nurse role in Greek legislation would be the responsibility of the minister of Health after careful planning of its competencies. Educational prerequisites for this role should be of at least Master's level. The creation also of the appropriate conditions in hospitals so the consultant nurse can work effectively is a major consideration. A private office should be provided with IT facilities while healthcare databases for research and education purposes should also be easily accessible.

Unfortunately, a search in Greek databases showed little discussion on the subject. Nevertheless the findings from British studies closely mirror the existing situation in Greece. Nurses are often struggling to cope with a variety of problems such as understaffing, overwork and exhaustive shift patterns that may hinder the quality of care they are able to deliver (Pearce, 2002, Voukali 2003). The Greek professional would also recognize these problems. Unfortunately, there nurses who do not always welcome change and sometimes not everyone agrees that there is a problem and a need for new working practices. However, if staff understands that they would be 'winners' and not 'losers' from this they would then collaborate effectively. This is important as organizational change cannot be effective without the full commitment of every person involved or affected by the change. Moreover, the consultant nurse must be capable of motivating others about their vision. Organizational change needs

individual behavior and attitude change and to achieve this, nurses must be inspired (Lahana & Gerogianni 2003, Missouridou 2009).

To conduct original research and to develop a drive to implement the delivery of evidenced-based policy and practice to the public is of a major importance for the GNHS which seeks accountability. In Greece, collaboration exists between Universities and Hospitals. In this context the consultant nurse in an oncology hospital could promote plans for strengthening of post-registration education (Ragia 2003, Kalogianni 2010)

Kenkre and Foxcroft (2001) emphasize that nursing should become a research-based profession, with additional modules in the curriculum which cover research techniques, and statistical procedures. At present nursing in Greece is still task orientated with a goal of a holistic approach to the patient. Research methodology is mostly taught as a theoretical base in Greek nursing education but should be incorporated into the training of the consultant nurse. As the role of a consultant nurse relates to balancing practice, research, administrative responsibilities and teaching, they should also be expected to organize seminars and focused workshops for staff nurses. These could contribute to the dual aims of advancing practice and allowing the development of the nursing profession (Cooper 2003). The topics to be discussed would arise from the daily needs and queries of the nurses or from patient problems.

New protocols for chemotherapy drugs and the protection of staff during drug dissolution and administration could be educational subjects and goals together with ways to improve work conditions. The impact on nurses could be both personal - in terms of confidence, enthusiasm and inspiration - and professional, with the promotion of critical thinking and innovative practice incorporating evidence into practice (Oakley & Johnson 2010).

It was suggested by Carryer et al., (2007) that empowerment, like progress is about changing our environment to meet our objectives but this must be aspired to. However, this is a complex process and the achievement will not be easy even if the

circumstances were most propitious. Apart from the possibility that some people do welcome change, another major restraining force would be the inability of the government to provide sufficient financial support.

According to Hakesley (2001) nursing is sometimes not acknowledged as a clearly separate discipline in its own right. This situation also exists in Greece where the Greek medical profession readily underestimates the needs of the nursing profession. This can inhibit access to research funding, missed career opportunities and failure to recognize the importance of the further development of the nursing profession.

Conclusions

As the nursing profession becomes more independent and autonomous, staff nurses find their work penetrating fields previously being the sole forbidden domain of the medical profession which excluded them from the privilege of providing input and feedback concerning diagnosis, prescribing and consulting. This strong division of the two professions with its embedded traditions has been severed by innovative roles like the nurse consultant post and other highly specialized nursing roles.

Moreover, no matter the degree of specialization or the size of the hospital, patients mostly continue to depend upon nurses for their daily well-being (Breiner, 2003). Therefore, it is necessary to provide nurses with the appropriate conditions to work effectively and to implement quality in the care of all patients.

According to Fulton (2003) innovative nursing plans lead to the advancement of the nursing profession and this paper seeks to encourage appropriate innovative change. However, the process of innovation should not be an individualistic activity but a collaborative one as the support of the hospital's internal environment is vital.

Moreover, the consultant nurse in the oncology hospital may include in their plan the aim of influencing external environmental factors. An immediate need is to influence government policy with the presentation of statistical evidence and

research results about the inadequate number of nurses and how this affects quality of care. Another urgent awareness presentation would be the need for lifelong education for all nurses. This would be financially expedient and should lead to the setting up a government committee to consider:

- the need for employing more staff
- the shape and future of higher education for nurses
- the foundation of research in the nursing field

It was suggested by Sigalas (2000) that in spite of the great technical evolution of our century in all community sectors, personnel continue to remain the most basic factor for the success for any organization. Their contribution for the achievement of the organization's objectives is decisive. Consequently, the appropriate approach and strategy for problem solving is vitally important. Nursing has a large scale need for creative leaders to produce desirable environments in all specialized areas of nursing. The consultant nurse could play this role and make change a dynamically active process for nurses.

Change is a procedure of constant confrontation, identification, assessment and action. There is little agreement about how long it takes, except the 'change process' can take years rather than months (Williamson et al., 2006). The realization of this plan will be of long standing duration due to its effects on aspects and functions of the Greek National Health System. However, according to Senior (1997) it will be an interesting path as "change is a journey which certainly worth even if the place of arrival is surprising".

References

- Bridges J, Meyer J (2007) Policy on new workforce roles: a discussion paper. *International Journal of Nursing Studies*. 44:635-644
- Booth J., Hutchison C., Beech C., Robertson K. (2006) New nursing roles: the experience of Scotland's consultant nurses/midwives. *Journal of Nursing Management*. 14:83-89
- Breiner M. (2003) A letter of appreciation in honor of Nurse's Week. *Nursing Journals*. 36(2):21
- Callaghan L. (2008) Advanced nursing practice: an idea whose time has come. *Journal of Clinical Nursing*. 17(2):205-213
- Carrier J., Gardner G., Dunn S., Gardner A. (2007) The core role of the nurse practitioner: practice,

- professionalism and clinical leadership. *Journal of Clinical Nursing* 16(10):1818–1838
- Chiarella M. (2006) Advanced nursing practice. *Journal of Advanced Nursing*. 55(3): 276–278
- Cooper K. (2003) Behind the times. *Nursing Standard*. 18(4):14-15
- Coster S., Redfern S., Wilson-Barnett J., Evans A., Peccei R., Guest D. (2006) Impact of the role of nurse, midwife and health visitor consultant. *Journal of Advanced Nursing*. 55(3): 352–363
- Department of Health (2006) *Modernising Nursing Careers*. London: Department of Health
- Fulton J. (2003) Nursing interventions vs Interventions delivered by a nurse: similar words, different meanings. *Clinical Nurse Specialist*. 17(5):227-228
- Gardner G., Proctor M. (2004) Nurse practitioner education: a research-based curriculum structure. *Journal of Advanced Nursing*. 47(2):143–152
- Gerrish K., Guillaume L., Kirschbaum M., McDonnell A., Nolan M., Read S, et al. (2007) Empowering front-line staff to deliver evidence-based care: the contribution of nurses in advanced practice roles. Report to the Department of Health. Sheffield: Sheffield Hallam University.
- Graham I. (2007) Consultant nurse-consultant physician: a new partnership for patient care? *Journal of Clinical Nursing* 16(10):1809–1817.
- Greek Hospital Medical Confederation. 'Secondary Care'. Available from: <http://www.oenge.gr/deuterovathmia.htm>
- Hakesley R. (2001). Nurses in higher education: now you see me, now you don't. *Autlook*. 218:26
- Jannings W., Armitage S. (2001) Informal education: a hidden element of clinical nurse consultant practice. *Journal of Continuing Education in Nursing* 32(2):49–54
- Kalogianni A. (2010) The value of research in nursing. *Vima Asklipiou*. 9(1):1-4
- Kenre J., Foxcroft D. (2001) Career pathways in research: academic. *Nursing Standard*. 16(7):40-44
- Lahana S., Gerogianni G. (2003) Exploring the role of clinical nurse specialist in Diabetes: Sub-roles and functions. *Nosileftiki*. 42(1):82-96
- Lewin K. (1951) *Field Theory in Social Science*. New York: Harper & Row
- Manley K. (2000) Organizational culture and consultant nurse outcomes: part 1 organizational culture. *Nursing Standard*. 14(36):34-38
- Manley K., Webster J., Hale N., Hayes N., Minardi H. (2008) Leadership role of consultant nurses working with older people: a co-operative inquiry. *Journal of Nursing Management* 16(2):147–158.
- McKenna H., Richey R., Keeney S., Hasson F., Poulton B., Sinclair M. (2008) The managerial and development issues of nurses and midwives in new roles. *Scandinavian Journal of Caring Sciences*. 22(2):227–235.
- Missouridou E. (2009) Coping with Professional Burnout. *Nosileftiki*. 48(4):358–366
- Nursing and Midwifery Council (2001). *Supporting nurses and midwives through lifelong learning*. London: N.M.C. Publications
- Oakley C., Johnson J. (2010) Developing an intervention for cancer patients prescribed oral chemotherapy: a generic patient diary. *European Journal of Cancer Care*. 19:21–28
- O'Baugh J., Wilkes L., Vaughan K., O'Donohue R. (2007) The role and scope of the clinical nurse consultant in Wentworth area health service, New South Wales, Australia. *Journal of Nursing Management* 15: 12–21
- Papadimitriou M., Kourtis G., Mitroulias G., Filippatos G. (2003) Continuing nursing education. *Nosileftiki*. 42(2):194-205
- Pearce L. (2002). Power to the patients. *Nursing standard*. 16(41):18-19
- Polizos, N., Ifantopoulos, I. (2000). The development of human sources in health and the staffing of the health services of National Health System. *Records of Greek Medicine*. 17(6):627-639
- Ragia A. (2003) Cooperation, challenge and prerequisite in contemporary nursing. *Nosileftiki*. 42:286–292
- Redfern S., Christian S. (2003) Achieving change in health care practice. *Journal of Evaluation in Clinical Practice*. 9(2):225–238.
- Roupa Z., Raftopoulos V., Tzavelas G., Sapountzi-Krepia D., Kotrotsiou E. (2008) Correlation of burnout syndrome and life satisfaction in the oncology nurses. *Nosileftiki*. 47(2):247-255
- Senior B. (1997). *Organizational change*. Great Britain: Wiltshire, Trowbridge Redwood Books
- Shaw G. (2010) *The healthcare debate*. Santa Barbara, Calif: Greenwood
- Sigalas I. (2000). *Framework- Management- Function of Hospitals*. Thessaloniliki.
- Tzamakou E., Patiraki-Kourbani E. (2008) Home nursing care of cancer patients with pain from bone metastases *Nosileftiki*. 47(3):334-348
- United Kingdom Central Council (1990). *The Report of the Post-Registration Education and Practice Project*. UKCC, London
- Voukali E. (2003) Ward sister of the nursing department: Roles and functions. *Nosileftiki*. 42(4):414-419
- Williamson G., Webb C., Abelson-Mitchell N., Cooper S. (2006) Change on the horizon: issues and concerns of neophyte advanced healthcare practitioners. *Journal of Clinical Nursing* 15(9):1091–1098
- Woodward V., Webb C., Prowse M. (2006) Nurse consultants: organizational influences on role achievement. *Journal of Clinical Nursing*. 15(3):272–280