

Approaches to measuring the impact of nurse consultants on patient, professional and organisational outcomes

Executive summary

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Background

The NHS is experiencing a period of unprecedented change. Major reforms in the way healthcare is commissioned and healthcare services are organised, together with new models of healthcare delivery, require a nursing workforce which is equipped to respond to the many current and future challenges facing the NHS. The implementation of the healthcare reforms has been underpinned by a strategy to modernise nursing careers (DH 2006). This has included introducing a nursing career framework that enables nurses to progress through a clinical career from initial registration to more specialist roles leading ultimately to that of nurse consultant. As senior clinical leaders, nurse consultants have a unique role to play in ensuring the delivery of patient-focused healthcare reform. As part of this process, nurse consultants need to be able to articulate the contribution they make to improving patient outcomes, the patient experience and the quality of healthcare. In view of the limited research examining the impact of nurse consultants and lack of guidance available to assist nurse consultants to demonstrate the added value they bring to patients and to the healthcare organisations for which they work, this study set out to develop a framework for capturing impact and produce supporting guidance to be used by nurse consultants to demonstrate their important contribution.

Research aims and approach

This study was funded by the Burdett Trust for Nursing, as part of its Building Nurse Leadership Capacity programme, to explore approaches to demonstrating the impact of nurse consultant roles on patient and professional outcomes. Following preliminary work, the focus was extended to include organisational outcomes. More specifically the study had the following aims:

- To identify a range of indicators to demonstrate the impact of nurse consultants on patient, professional and organisational outcomes.

- To develop a toolkit to help nurse consultants to demonstrate their impact on patient, professional and organisational outcomes.

The study built upon earlier research undertaken by the research team (Gerrish et al 2007) to develop a framework for capturing the impact of nurses in advanced clinical roles. The original framework which focused on identifying impact on patients (clinical significance) and staff (professional significance) required further refinement through reviewing the literature and empirical testing.

A mixed methods approach was used which included a comprehensive systematic review of existing evidence, mapping nurse consultant roles in the participating NHS trusts, and a series of case studies involving six nurse consultants. Each case study involved interviewing the nurse consultant, healthcare professionals and managers with whom the nurse consultant worked and, where appropriate, patients and family carers. Interviews focused on exploring the range of impacts that nurse consultants exerted on patients, healthcare professionals and the organisations in which they worked, together with developing an understanding of the challenges nurse consultants encountered in trying to capture their impact.

A specialist panel comprising key stakeholders identified through the case studies was subsequently set up for each nurse consultant with the purpose of working with the nurse consultant to identify important areas of impact relevant to the role and the ways that this impact might be captured. The research team subsequently worked with each nurse consultant to develop and pilot individualised approaches to capturing impact. This process informed the development of a toolkit (Gerrish et al 2011) designed to help nurse consultants to demonstrate their impact. The toolkit has undergone preliminary validation by a larger group of nurse consultants and other stakeholders including senior nurse managers and patient representatives.

Key findings from the study

The main findings from the study that relate to the project aims are summarised below.

Impact of nurse consultant roles

The systematic review of the literature identified that there was limited evidence examining the impact of nurse consultant roles (Kennedy et al. 2011). This was further reflected in the case studies as few of the nurse consultants had made attempts to capture their impact on patients, healthcare staff and the organisations in which they worked. Evidence relating to their impact on other staff (professional significance) was especially limited.

The findings highlighted that capturing the impact of nurse consultants was influenced by a number of challenges. These included attributing impact to an individual nurse consultant who often worked as part of a team, the complexity of capturing the nurse consultants' indirect (as opposed to direct) impact,

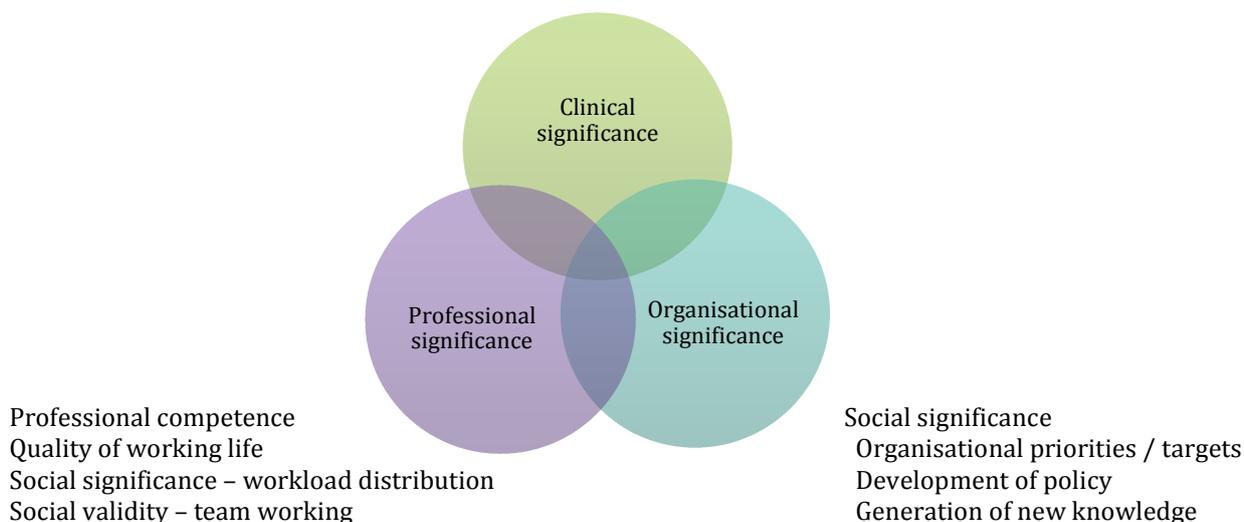
identifying suitable outcome measures and comparators, difficulties in gaining a patient perspective, limited time and resources, and a lack of expertise in measuring impact. However, through the development of the toolkit, a number of approaches to capturing impact of nurse consultant roles were identified and strategies were proposed for overcoming some of these challenges.

Framework for capturing impact

Both the literature review and the case studies identified different areas where nurse consultants could exert an impact. Through the case studies, the initial framework for demonstrating impact was extended to capture the full range of impact related to the work of nurse consultants (see diagram), namely to include a third domain that captured the nurse consultants' impact on organisational outcomes (alongside the previously identified domains of clinical and professional significance). Each domain included a number of indicators of impact, which are described below.

The framework for capturing the impact of nurse consultant roles

Symptomatology - physical/psychological symptoms
Quality of life & social wellbeing
Social significance - behavioural change
Social validity - patient experience



Clinical significance

- Symptomatology - impact on an individual's return to normal functioning or experience of symptoms – i.e. physical or psychological outcomes for the patient and/or family carers.
- Quality of life and social wellbeing - impact on a patient's quality of life and self-efficacy, specifically how the individual's health needs affect activities of daily living and social wellbeing.
- Clinical social significance - clinically oriented outcomes that are important to society. Societal

concerns are often translated into healthcare policy, e.g. health behaviour such as smoking cessation or the self-management of long term conditions.

- Clinical social validity - the social importance and acceptability of the patient or carer's experience of health care.

Professional significance

- Professional competence - developing the knowledge, skills and attitudes of the healthcare workforce.

- Quality of working life - the impact on the healthcare workforce's quality of working life such as enhanced job satisfaction, motivation and fulfilment.
- Professional social significance – professionally oriented outcomes that are important to society. Societal concerns are often incorporated into healthcare policy e.g. redistribution of workload across professional boundaries.
- Professional social validity - the social importance and acceptability of the nurse consultants' activities for the healthcare workforce, such as promoting team working.

Organisational significance

- Organisational social significance - outcomes relating to the organisation and delivery of healthcare services and resources that are important to society. Societal concerns are often made explicit in healthcare policy.
 - Achievement of organisational priorities and targets, e.g. set by commissioners relating to hospital admission rates or length of stay.
 - Development of policy - influence on local, regional and national development of policy.
 - Generation of new knowledge - impact on the generation of new knowledge through involvement in research.

All of the nurse consultants showed some evidence of impact in all three domains although the primary focus varied across the different nurse consultants involved in the case studies. Patient, professional and organisational indicators of impact were identified in each of the three domains for each nurse consultant. Due to the wide diversity of the roles, there was little commonality in the specific indicators of impact across all nurse consultants. However, the wider evidence collected as part of the study suggested that the revised framework is meaningful and practical to a range of nurse consultant roles in exploring and identifying the outcomes that they influence through their work.

Development of the toolkit

The toolkit is designed to help nurse consultants to manage the quality of care more effectively by enabling them to demonstrate their impact on patient, professional and organisational outcomes.

It was developed by firstly drawing together the evidence gained from individual case studies on the impact of nurse consultant roles. The nurse consultants

were then provided with advice and support to overcome the identified challenges of capturing impact while they tried out a number of approaches in practice. The lessons learned from this process informed the development of the final toolkit. The toolkit includes various activities, examples and tools to help nurse consultants consider how they might most appropriately demonstrate their impact in the three key domains (clinical/patient, professional/staff and organisational), and has received positive feedback from a larger group of nurse consultants, nurse managers and patient representatives.

Overall, the work clearly emphasised that there is not a 'one size fits all' approach to demonstrating the impact of nurse consultants and there is a need to be pragmatic in choosing an appropriate and feasible approach for each individual role. To our knowledge, this is the only practical guide and resource on capturing impact that is aimed specifically at nurse consultants.

Key messages to arise from the study

Implications for practice

- Nurse consultants should be encouraged to use the framework and toolkit in order to help them reflect on their role and evaluate their impact. The three domains of impact can help nurse consultants to identify appropriate indicators to demonstrate their impact on patients, the healthcare workforce and the organisations in which they work.
- Nurse managers may find the framework and toolkit useful in supporting nurse consultants, especially those who are new in post, to develop their role. It may also be helpful in guiding the annual review process undertaken with nurse consultants.
- The framework may be useful to nurse managers when undertaking workforce planning. It can assist in identifying the unique contribution that nurse consultants make to patient outcomes, the patient experience and the quality of care and may therefore be helpful in developing proposals for new nurse consultant posts
- Education programmes to prepare nurse consultants should equip them with the knowledge and skills to enable them to capture their impact. The framework for capturing impact could be used to inform curriculum development.

- The toolkit is designed to be a learning resource for nurse consultants to develop their knowledge and skills in capturing impact and can be used as part of continuing professional development.
- The toolkit has the potential to be adapted for use in other advanced practice roles (e.g. clinical nurse specialists, nurse practitioners) or non-medical consultant roles (e.g. therapy consultants).

Implications for research

- The framework and toolkit need further validation with a wider group of nurse consultants in different specialities and who vary in their length of time in post.
- Future research should aim to capture and demonstrate evidence of nurse consultant's actual impact on the various indicators in the three domains of the framework. This work should be disseminated widely in order to contribute to the growing body of evidence on the impact of these roles and to inform nurse consultants' attempts at capturing their impact.

References

Department of Health (2006) Modernising nursing careers – setting the direction. Department of Health, London

Gerrish K., Guillaume L., Kirshbaum M., McDonnell A., Nolan M., Read S. & Tod A. (2007) *Empowering front-line staff to deliver evidence-based care: the contribution of nurses in advanced practice roles*. Sheffield Hallam University, Sheffield.

Gerrish K., McDonnell A. & Kennedy F. (2011) *Capturing impact: a practical toolkit for nurse consultants*. Sheffield Hallam University, Sheffield.

Kennedy F., McDonnell A., Gerrish K., Howarth A., Pollard C. & Redman J. (2011). Evaluation of the impact of nurse consultant roles in the United Kingdom: a mixed method systematic literature review. *Journal of Advanced Nursing*. DOI: 10.1111/j.1365-2648.2011.05811.x

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Further information

The full report and the toolkit can be downloaded from:
<http://research.shu.ac.uk/hwb/ncimpact>

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