Extended roles for nurses

Key Findings

- Over 80% of health care professionals (HCPs) working in Breast Cancer, Heart Disease and Type 2 Diabetes perceive that roles have been extended by the addition of tasks that are performed under supervision.
- Over 50% of HCPs also perceive that new independent roles have been created along these care pathways.
- The greater involvement of nurses in some of these pathways in other major European countries suggests scope for a further extension of Nursing roles in Scotland.

What Problem Was This Research Addressing?

Spending on workforce is the largest single item of health care expenditure in EU member states. The size and composition of the health workforce are changing in many European countries. New and extended roles for health care professionals (HCPs) are being introduced. The MUNROs project investigates the nature and impact of these changing roles.

What This Research Adds

There has been little evaluation of the contribution of new and extended roles to reducing costs and increased efficiency. This is undertaken in the MUNROS project. Here we report the perceptions of HCPs working in Scotland on the way roles have changed and differences between major European countries in the involvement of nurses in three clinical pathways. Inter country comparisons reveal scope for extending the roles of nurses in Scotland.

Methods

The study setting was hospitals and primary care centres in Scotland delivering care to people with one of three target clinical conditions: breast cancer; heart disease and type 2 diabetes. 12 hospitals and 46 primary care centres associated with each of these hospitals were selected to participate. In each setting HCPs and Health Care Managers, were surveyed. The survey ran for 12 months and was completed at the 31st March 2016. The number of respondents and effective response rates were respectively: 258 and 41.9% for HCPs working in hospitals and 148 and 57.4% for GPs and other health professionals working in general practice.

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Research Findings

58% of HCPs working in Breast Cancer, 59% working in Heart Disease and 56% working in Type 2 Diabetes in Scotland perceived that roles have changed. The way they perceive roles have changed is reported below:

Ways roles have changed

80% or more of HCPs working along the three clinical pathways perceive that roles have been extended by the addition of tasks that are performed under supervision. Over 50% also judge new independent roles have been created along these pathways.

A major part of this is the extension of roles for nurses. A Measure of Relative Nurse Involvement (MORNI) has been developed. This gives the ratio of likely nurse to physician involvement in tasks along the three care pathway in MUNROS partner countries. Higher values of the MORNI indicate greater involvement of nurses.

Nurses are involved to a similar extent in England and Scotland in all three pathways. In Norway the involvement of nurses in Type 2 Diabetes is much greater and in Italy nurse involvement in the heart disease pathway is much greater than in Scotland.

Policy Relevance of Research

66% of hospital sector operating costs in 2014/15 in Scotland were staff costs. The size and composition of the health care workforce are key drivers of health care expenditure and performance.

European countries are seeking to contain health care expenditure costs by introducing new and extending the roles of the non-physician health workforce.

A comparison of the involvement of nurses in three care pathways in Scotland with the involvement of nurses in these same pathways in other major European countries reveals scope for expanding the role in some of these pathways.

Measure of Relative Nurse Involvement (MORNI)

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