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## ABSTRACT

University X is the one of the oldest and premier public university in the country under the Ministry of Education (now known as the Ministry of Higher Education). The Faculty of Medicine, conducted medical education to prepare the doctors in the country and the nursing education at tertiary level in public university since 1993 and the three years degree in nursing was first in Malaysia. The program caters for registered nurses from various public hospitals such as Ministry of Health, Ministry of Education, Ministry of Defense and also private hospitals. The main objective of the program is to prepare "nurse leaders", specializing in Nursing Administration and Nursing Education. The clinical specialty program was only started in 1999. The aim is to prepare nurse leader in clinical area and to improve patient care of particular specialization. The specialties that were offered were Orthopedic Nursing and Maternal and Newborn Nursing, Emergency Nursing, Oncology Nursing and Critical Care Nursing. This paper is to share the author's experience as the coordinator, teacher and clinical supervisor to the students in Maternal and Newborn Nursing specialty.

Personal interviews were conducted to 12 students on the clinical roles, structured questions were asked to explore and identify the roles and responsibilities of clinical nurse leader in Maternal and Newborn Nursing. All respondents described five different roles that they felt very important to be employed in their daily practice. Besides that, certain core competencies and personal characteristics of Maternal and Newborn nurse specialist were also highlighted by the respondents. The personal experiences and reflections on the roles that were shared and identified were quite similar to the advanced nursing roles in the western nursing.

## INTRODUCTION

It is an exciting yet challenging time in nursing education. The present and future hold expanded opportunities for the nurse specialist and any educational program must prepare the graduates for the roles. Globally, nursing education program continuously assess and adapting the educational program using various models and new strategies that best fit for preparing the nurse specialist of today and tomorrow.

In developed countries like US, Canada, UK and certain countries in European Union, the Nurse Practitioner (NP) education has been developed and further advanced from time to time. The NP role has evolved significantly and in fact recently, the nursing education curriculum of preparing NP just had great discussion that reflected there will be an increased recognition and acceptance of the NP within the healthcare system. *O'Sullivan (2004)* stated that the NP or Advanced Practice Nurse (APN) is in full demand as to fulfill a multiplicity of roles across, a wide range of practice settings that is chronic, acute and primary care, and within new models of provider teams. She further emphasized, the market seeks these graduates because the graduates has a broad knowledge, expansive skill based and critical thinking skills whose can fulfill role expectations. Expert nursing practice had always been associated and correlated to the provision of

quality patient care and quality patient care often being evaluated as the ability of the nurses in dealing with the health problems of patients (*Riehl & Roy 1986, Marquis & Huston 1992*).

## BACKGROUND

Being the developing country, Malaysia health care system focused on the quality service and strives to provide equitable and affordable health services for the population of almost 25 millions. The Ministry of Health Malaysia, as the main provider and biggest health care industry has the mission and vision, and as Malaysia moves towards Vision 2020, many changes had taken place. The nursing profession, as part of health care system, will have to move in line with the changes in the field of medicine and the aspiration of the nation. The nursing profession will have to produce nurses who are able to adapt to the changing technological scene in Malaysia; nurses who are infused with strong moral and ethical values, caring, progressive, have abroad-based education and are committed to excellence.

The development of nursing education at the tertiary level has been rather slow, compared to other developing countries in the Asian region. It took a long tortuous and difficult task for the nurse leaders in Malaysia to convince the university officials that a degree program in nursing should be started. University

X being the oldest and premier public university has taken up the initiatives and became the pioneer in educating nurses at tertiary level. This has opened the opportunities for Malaysian's nurses to be educated at tertiary level and has stopped the inequality in the education of nurses in the country.

In the past, nurses were "trained" rather than "educated". Therefore it is quite obvious, if the nation wants the nursing personnel to deliver care intelligently, thinking and able to provide clinical reasoning and sound clinical decision making, the nursing education should be upgraded and these nurses should be able to collaborate and participate effectively with other health professionals. Many nursing educationists believed that, the breadth and depth of knowledge that the nurses are exposed to in the tertiary education, will make a difference to the care they provided.

It is the hallmark of nursing education in Malaysia, when the public university started the degree program in 1993. The main objective of the program is towards preparing the nurse leaders in Management and Education. The first cohort of students, consist of thirteen matured students, which comprised mostly, the senior officials in nursing administration and education from public and private sectors. More than five hundred of nurses had graduated from this program and most of the graduates are currently in the workforce of Malaysia's health care services. Many of them are the managers, administrators / matrons and nursing officer for those specialized in nursing administration. For those who have chosen nursing education, the graduates were appointed and many serve the colleges of nursing either in the public or private sectors. The program was approved and recognized by the Public Service Department of Malaysia and Ministry of Health Malaysia in 1996.

Due to the development of medical education and advancement of technology and specialization, the nursing education has to be further developed in tandem to the above. Therefore, in 1999, the program started the nursing specialty program, with the aim to prepare the clinical nurse specialist or leaders in the clinical specialty of a particular specialization. The curriculum was prepared and integrated to educate the registered nurses to become nurse specialist with the expectation that, nurse specialist would provide expert nursing practice and deliver high quality of patient care.

This paper will focus on the personal experience of the writer, the reflections and future directions of nurse

specialist program in public university. As an educator, both for theoretical and the clinical component, as clinical coordinator and supervisor, the writer has the privilege to evaluate, reflect and improve the program as to whether the objectives of the program had been achieved or otherwise. She was also directly involved in teaching, supervising and assessing the students that were registered for the Maternal and Newborn Nursing Specialty. At the same time it enables her to provide a better feedback on teaching and learning process that has taken place.

The writer conducted personal interviews on twelve graduates using structured open ended questions to obtain the answers. The questions asked were as follows: Are we preparing them for their roles? What are the main roles and responsibilities perceived by the nurse specialists in Maternal and Newborn nursing? Are the roles similar to the roles identified in Western Nursing? What are the future direction and plan for the nursing specialty program in the identified university?

## LITERATURE REVIEW

### *Specialization in nursing practice*

Specialization in nursing practice means a specific focus on a part of the whole field nursing. The term, when used in industry, specialization refers to dividing workers into groups with unique skills to efficiently work in a particular working area for promoting the productivity and quality products. This principle, applicable to the industrial force of nursing with a marketable product of patient care services and is clearly established at this era for the role of nurse specialist due to two reasons. First, a period of rapid change in response to science and medical technology, complex economic factors and changes in the patterns of care commences (McSharry, 1995, Chuk 1997).

Sophisticated equipments and interventions aimed at the providing the complex health needs of patients are demanded. At the same time, nurses are expected by the health administration to provide cost effective and quality patient care. With the rapid development and changes nurses find it difficult, without specialist knowledge and skills, to provide for their patient's needs efficiently and effectively.

It is through specialization in nursing, the above problems can be solved, where through the process, the nurse will be required to seek advanced specialty program in clinical area, that they were interested in. By

doing so the nurse would not only acquire the specialist knowledge of the area concerned, but also at the same time, the nurses could refine their nursing skills as they will continue to work in the same place to meet the needs of the patients. The nurse will be better familiar with the patient's health problems and will be able to assess the situations using pattern recognition and managed the accordingly (*Banner & Tanner 1987*).

Secondly, the positions of the nurse specialist, promotes professional development in nursing. It attracts experienced nurses to stay and work in the same clinical area in which they have been working (*Chuk 1997*). The nurses have been identified as being more enthusiastic if they were to work constantly in one area. The area such as intensive care unit, medical unit, maternity unit, psychiatric unit, oncology unit and other specialized unit were found to have better job satisfaction and retention than when they are rotated to work in different areas (*Rowland & Rowland 1985*).

The process of specialization in nursing practice is aimed towards the improvement of patient care. To achieve this, the nursing practice of nursing specialist should be based on the advanced nursing models such as Benner's Model of Expert Practice, with two important characteristics; that is the clinical judgment and leaderships (*Spross & Bagerly 1989, Chuk 1997*). The above two characteristics should be emphasized, and to exercise the clinical judgment of nurse specialist for patient's benefits, the pre-requisite is to stay within the realm of direct patient care.

*Castledine (2000)*, states that specialization and sub-specialization are inevitable these days because of the rapid expansion and development in medical knowledge. According to him, the specialist role has many advantages, primarily the role need to be developed because patients need more specific and detailed information about their health problems. Thus in developing the roles, the definition of nurse specialist, the regulation and direction of nurse specialist should be looked into. *Castledine (2000)*, further described specialist as someone who is educated and has experience in, and develops the competencies and skills of, a particular field or endeavor.

#### ***The nurse specialist or the clinical leaders program***

Nurse specialist refers to a registered nurse who, after a significant period of experience in a specialized field of nursing and with additional nursing education.

The nurse specialist is authorized to practice as a specialist with advanced expertise in a clinical specialty to involve in clinical practice, consultation, teaching and research (*Tang 1993*).

Expanded autonomy in direct patient care is considered as an important aspect when considering the role of nurse specialist and should be developed because of their competency in advanced nursing practice. By being competent in managing patient's complex health problems, nurse specialists are in a front-line position to improve the quality of care (*King 1990*).

The nurse specialist program or the program for clinical leaders in public university is aimed in producing the nurse specialist with diverse and dynamic roles and to be front-liners in improving the quality of patient's care. Since 1999, the clinical leaders program has produced about twenty three graduates of various clinical nursing specialty ; such as Maternal and Newborn, Critical Care, Oncology, Emergency, Renal and Orthopedic. The above specialties were offered due to the demand from the service sides (hospitals), and the candidates, besides the program has the expert personnel in conducting them. It is a three years degree program, however the RN that were enrolled has been exempted from year one and were given two years to complete the study.

As for the entry requirement, the prospective students have to fulfill the criteria set by the university. The RN should have a valid diploma or equivalent pre-registration nursing education, a valid post-basic or an advanced diploma in clinical specialty, registered with the nursing board of Malaysia. Besides the above, students must have at least above three years experience in the clinical area of the chosen specialty, passed Malaysia University English Test (MUET) with Band III and above.

The structure of the nurse's specialist program follows semester system. In two years there are four main semester and two short semesters. Each main semester has fourteen weeks of lecture and clinical experience, two weeks for the examination and a semester break. The students have to complete minimum eighty credits to be awarded the Bachelor of Nursing Science in chosen specialty. Thus, the students have to register between eighteen to twenty credits during the main semester and nine credits for the short semesters.

The courses offered were classified into

university courses, core for both, the faculty and specialization, electives and co-curricular courses. The program has been approved by the Public Service Department of Malaysia and has undergone both internal and external audit by SIRIM QAS in 2002. Being under the faculty of medicine, the nurse specialist program collaborated with various clinical departments for the teaching and learning process.

Modules offered for the Maternal and newborn nursing specialty were on the theoretical subjects, clinical practicum, clinical teaching and research project. The theoretical subjects such as Basic Medical Sciences, Clinical Sciences, Ethics and Legal aspect for Nurses, Management and Leadership, Clinical Evaluation Critical Thinking, as to name a few that were core for the nurse specialist.

The clinical practicum component will provide the students the objective of identifying the new roles and responsibilities that a nurse specialist will be carrying out. There are selected competencies that should be demonstrated upon the completion of the clinical placement include:

- Health promotion and disease prevention based on principles of epidemiology.
- Comprehensive assessment including perform a comprehensive health assessment on the clients, collection of historical data, psychosocial data, recognition of risk factors and perform physical examination.
- Use and interpretation of screening techniques, test and tools.
- Diagnosis of health and disease of related body system through critical diagnostic reasoning and critical decision making by synthesizing client assessment data.
- Nurse patient with ethical manner.
- Health promotion, patient education, counseling etc.

During the clinical placement, the students will be rotated to all units under the maternal and newborn nursing, such as antenatal clinic and ward, labor ward, postnatal ward and clinic, family planning clinic, child health clinic and special care nursery. The students visited related unit and agencies in public and private hospital, to understudy the role and responsibilities of nurse specialist within the state.

### ***Assessment of nurse specialist***

Both formative and summative assessments were carried out and for assessment in the clinical it is divided into three parts. Part I - throughout the clinical placement, the students will be required to maintain a clinical practice portfolio. The portfolio consist of five parts:

- i) record of clinical hours;
- ii) patient roster- a record of all patients seen and managed by students which contain the condition and management of the patients,
- iii) technical skills record which was supervised by preceptor, nursing lecturer and clinical – medical lecturer or consultant;
- iv) record of relevant nursing articles – the students are required to provide an outline of the article together with the report of its significance to them as a nurse specialist and;
- v) case conference record – a list of all conferences / updates attended and a report of its implications to personal and professional nursing.

For Part II - The students will be assessed on their performance during the clinical posting. The assessor for this part are the nursing lecturer/ clinical nursing supervisor and medical / clinical lecturers/ consultant. The students will be assessed on two skills related to the clinical area, minimum two ward rounds, clinical case studies and presentation to peer and minimum two reports of performance appraisal from the ward manager. Part III – The students are required to submit a written report of the visits made to related units/services. The report should be comprehensive and should indicate the evidence and critical analysis of the role of nurse specialist. The students will be required to attend and conduct the reflection session every week which was facilitated by the lecturer throughout the posting.

### ***Evaluation of the Nurse Specialist / clinical leaders Program***

A qualitative descriptive study was conducted by the writer to explore and identify the roles and activities of nurse specialist or clinical leaders in Maternal and Newborn Nursing. The aim of the study was to evaluate the nurse specialist's roles. Personal interviews were conducted to twelve graduates on the clinical roles. Structured questions were asked to the participants. The questions were: What are the roles and activities that the nurse specialist performed in Maternal and newborn specialty? What are core competencies required by

nurse specialist in Maternal and Newborn Nursing?  
Data were analyzed using content analysis.

## FINDINGS

The 12 participants were all women, age group range from 35 – 45 years, has 8 years to 15 years working experience as a nurse midwife and all of them were from the public hospitals. From the analysis it was identified all participants described five main roles that they performed in advanced nursing practice that is as nurse practitioner, patient educator, researcher, advocator and counselor. Aspects of the role of nurse specialist and activities performed that were generated from the 12 participants were summarized as below:

i) Nurse practitioner – provide direct patient care on a day-to-day basis, working with patients and their significant others; using nursing process in the planning of patient care and functioning as a role model for the nursing team.

The activities included participating in diagnosing, treating and evaluating patient responses to actual or potential health problems; managing the care of patients requiring advanced skills and knowledge. As nurse practitioner, the participants reported being involved in clinical practice activities about 85% to 90% of the time.

*“I see myself giving care to the women who are in antenatal, like performing abdominal palpation during each visit, I need to do it accurately following the procedures...the Dr relies on my findings...I am responsible to detect early any complications for example big baby, high BP and etc.....(P1).*

*“Well I felt as a RN we are expected to provide patient care to our utmost capability... previously we are very routine...we perform quite basic care...the course that we had for a year make us more focused towards looking certain aspects of patients care only!!!...Now we gained so much, since we followed O& G consultant during the ward round...our assessment on patients our more focused...(P9)*

*Though we provide patient care... caring for the patients we have to engage our self in identifying problems...we do make a lot of decisions now... we learned about critical thinking and clinical decision making... I personally felt the lessons*

*and the activities do make us more capable in taking care of patients...makes me more confident and I can see that more of patients felt satisfied... (P10).*

ii) Educator role – both to students and patients mainly, however, all participants described their students include the new staff and patient’s family members as well. The educator roles involved the teaching of nursing students by conducting bedside teaching, working with and mentoring new nurses, lecturing in nursing knowledge and supporting the nurse educators of the diploma program in clinical supervision of students in training. As educator, the participants reported educational activities encompassing 15% - 20% of their time.

*“In my specialty, there is so much to teach, everyday we involved in teaching the new mothers, the topics diverse from breastfeeding to post natal care as well as care of the newborn!” In the program we were taught on the right way to conduct clinical teaching... not like before, this time is more structured! (P7).*

*We need to assess the clients first to identify their learning needs, so we could plan their individualized teaching!! It is the most satisfying part of being a nurse, I am happy when the clients thanked me after each teaching session!! (P12).*

iii) Counselor role – provides individual counseling to patients, addressing problem situations in nursing teams and initiating project teams, as indicated by the medical and technical problems that arise from patient care. It encompassed at least 15 % of the daily practice especially so in providing the information to the clients.

*“Counseling is not easy! Initially I thought explaining to patients on the care is counseling... but after learning the techniques of counseling, I am more confident now, I know I can be a good listener; you know I think I can be a good sound board!!!” (P4).*

*“The counseling subject helps me a lot in handling depressed mothers!!! I will use the counseling skills whenever I assess the clients and I will provide better psychological care to the patients!!! (P8).*

iv) Clinical leadership roles – the participants mentioned that they were involved in administrative activities which include, establishing and implementing goals related to nursing practice and patient care, performing and providing input into staff performance, occasionally representing nursing administration on unit committees for their specialty areas. Other administrative activities which include active involvement in quality improvement programs / activities, enhancing patient satisfaction and direct supervision of new staffs, medical and nursing students.

*“We definitely involved in administrative activities, most of us are very senior and experienced, after attending this program, I definitely can contribute a lot and become more confident as a team leader!!! In fact we were asked to participate in recent quality improvement audit” (P5).*

*“Since I returned to the ward, I am more confident now, I am a good planner now...that was the remark given by my supervisor! (P7).*

v) Researcher role – since this is an emerging role for nurse specialist in UMMC, however, the participants agreed and claimed that they are implementing research findings in their daily practice, teaching other nurses to evaluate nursing outcomes critically and beginning to participate in the conduct of research though participated in the group research only.

*“I always thought research is for Doctor; however, after learning the subject and completing the research project then I identified research is important in nursing! I am looking forward to do more research after this... (P3).*

*“Research has a lot advantages to nursing, previously we were not aware about using evidences in nursing practice, we were not taught about research during our basic nursing!!! Since 1992 basic research were taught to nursing students!!! So it was very beneficial that I learned about research process! Research is the way forward isn't it!! (P11).*

## DISCUSSION AND IMPLICATION

Results of the study indicated that the nurse specialist in Maternal & Newborn area continue to focus on managing or providing care to mothers and newborns on an advanced level, serving as role models

for staff midwives and RNs, and providing education to nurses, patients and families. Using research findings in practice and disseminating research findings to nursing staff were identified as an emerging role for nurse specialists.

Functioning as change agent and providing leadership in the development and implementation of policies and procedures, standard of care and protocols that affect nursing practice and patient care continues to be a high priority for them and most of them mentioned they are learning it through the experience and collaboration with the senior ward managers.

The findings of the study have implications for advanced nursing practice, education and research. Regarding advanced nursing practice, the findings can provide an initial step in establishing a detailed description of the roles, activities and skills of nurse specialist in Maternal and Newborn specialty. Forming consensus on nurse specialist roles, developing criteria to evaluate nurse specialist performance and identifying and establishment of a minimal level of practice advanced practice competencies is vital for the specialty.

In terms of education, results from the study can be used to clarify and direct the necessary education preparation, curriculum changes, and expanded clinical experiences required for future preparation of nurse specialist. For example, nurse specialist preparation should include an understanding of healthcare economics, hospital costs and expenses and human resource management to name a few.

Nurse specialists must begin to conduct research on the effects of nurse specialist interventions on nursing practice and patient care outcomes to justify that nurse specialists provide quality healthcare at cost effective prices.

## FUTURE DIRECTION OF NURSE SPECIALIST IN MATERNAL & NEWBORN

Nurse specialist in Maternal and Newborn Nursing should be further developed into, specialty at advanced practice preferably at a Master level in order to provide a better educational preparation and an urgent need to identify the core competencies and standards of practice expected of a specialist nurse in this specialty. The pragmatic and efficient strategies will be needed, as to incorporate the measurement of the impact and outcome in nurse specialist daily practice.

There is a need to articulate roles and influences using collective roles that will hopefully make an impact for the nurse specialists. It is suggested that the Nursing Board of Malaysia should look into these new groups of nurses and formulate the regulation and direction of specialist nurse in Malaysia.

## CONCLUSION

This paper has captured and explicated the nursing education program for nurse specialist in Maternal and Newborn Nursing specialty. The contents were primarily based on the nurse specialist program and also the personal experiences and views from the small study that was conducted by the writer. At the time of this article being published, The Department of Nursing Science, of this public university has started the Master of Nursing program (Clinical Specialty), and so far the first group of students has graduated in August 2009.

Finally, the contribution of nurses in clinical area for managing the health problems of patients has been well documented (Robbins *et.al.* 1991, Hamilton 1993, Lombness, 1994, Hurlimann 2001). Recently, the

post of nurse specialist has been officially established by the hospitals as a new career ladder for the RNs since year 2000; as well as in the Ministry of Health Malaysia in the year 2005 / 2006.

Through the eyes of an educator the outcome of having a specialty program such as described above will definitely benefit the patients and provided the role of nurse specialist is implemented effectively. However, if nursing in Malaysia is to progress, the Advanced Practice Nurse (APN) especially the future APN in the clinical area must undergo a compulsory, comprehensive, intensive and a full time study and performed substantial clinical practicum under the supervision of an expert medical consultant and expert clinical nursing lecturer cum supervisor, so as to achieve specific advanced competencies and being recent with dynamic world of nursing practice. The curriculum must be structured in such it will benefit the clients and the organizations. MJN

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