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Review

Current status of clinical nursing specialists and the demands of osteoporosis specialized nurses in Mainland China



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ABSTRACT

The clinical nursing specialist (CNS) is an expert who applies an expanded range of practical, theoretical, and research-based competencies to the care of patients within in a specialty clinical area within the larger discipline of nursing. A large number of studies consistently conclude that the CNS is a valuable healthcare resource that provides high-quality clinical and evidence-based nursing practice and improves patient outcome. The CNS has been involved in healthcare practices for many years, with an increasingly diverse role. However, the training for the CNS in China is only in a preliminary developmental stage. The aim of this article is to review the history and development of the CNS role. Furthermore, the epidemiologic status of osteoporosis, as well as the feasibility and necessity of developing training programs in China for the osteoporosis CNS, will be discussed.

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1. Introduction

The nursing practice is at heart of all healthcare systems. Strong evidence continues to emerge linking patient outcomes to nurse staffing and nursing practice environments [1–5]. Specialty nursing science is a developing trend due to ongoing reforms in the healthcare system, including continual improvements in the education level and modifications to disease spectrums and their management, and the

increase in the aged population. Currently, Western countries are at the forefront of specialty nursing development [6].

In 2000, training programs emerged in several specialty nursing fields to drive the development of domestic specialty nursing in China [7]. The programs targeted the training of advanced practice nurses, including clinical nurse specialists (CNSs), nurse practitioners (NP), certified nurse midwife (CNM), and certified registered nurse anesthetists, who (CRNA) who origin from development of specialty nursing present a stable and valuable medical source to promote the

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building of specialty nursing [8]. So far, the roles of the nurse practitioner and CNS have most rapidly been developed. First introduced to China in 1996, the term ‘CNS’ was translated by domestic scholars to refer to specialties such as physician assistant, specialist nurse, care expert, healthcare professional, and nurse-clinicians, among others. Each of these specialties has a specific focus and contribution to the healthcare system. This article focuses solely on the role of the CNS, how it was initiated, its current contributions to healthcare, and discusses the training of osteoporosis specialized nurses in Mainland China.

2. CNS

2.1. Definition

The use of the term ‘specialist’ can be traced back to the mid-20th century, with additional terms including ‘clinical nurse specialist’, ‘advanced practitioner’, and ‘specialist practitioner’ used interchangeably throughout the literature. However, inconsistent use of these various titles frequently leads to confusion regarding the definition of CNS [9–12]. The term ‘CNS’ was initially presented in 1938 by the Teachers College of Columbia University [13], and Frances Reiter described the first CNSs as nurse clinicians in 1943 [14]. The term ‘clinical specialist’ was ultimately changed to CNS by the early 1970s and remains in use today [15–17].

Although there are many different definitions describing the role of the CNS, there are some commonalities. Most definitions contain three basic elements or factors to identify the nurse working at an advanced or specialist level, including graduate education, nursing expertise and practice in a defined area [9,18–20]. The CNS is considered an expert nurse clinician with an expanded range of practical, theoretical, and research-based competencies applied to patients within a specialized clinical area [21].

2.2. Origin and development

The diverse roles of the CNS are increasingly being recognized, and threshold criteria and core competency systems have been mostly studied in America [20]. Based on those data, the CNS has subsequently been gradually adapted and developed for practice in Canada, the United Kingdom, the Republic of Ireland, and the Netherlands, among others. In 2003, the University of Skövde in Sweden became the first university among the Nordic countries to begin education for the advanced specialist nurse [22]. Between 1990 and 2003, Japan, the Republic of Korea, and Singapore developed training curricula for nursing graduate students to initiate the development of the CNS. In 2006, the Republic of Korea conducted the first certification test for advanced practice nurses and established rules to promote their right to prescribe in Singapore. In Taiwan, the CNS was viewed as a nurse practitioner for the healthcare system, and treated as an advanced specialized nurse, recruited by specific institutes that collaborate with physicians to provide continuous and integrated medical care services as a cost-effective measure [23]. Specialized nurse training programs began in Hong Kong in 1993.

The development of advanced practice nurses is influenced by many factors, such as the correlation between work and vacation time, and the cost-effectiveness of improved nursing education [24]. Although introduced to Mainland China by 1996, further development of the CNS has been comparatively slow [25]. Li et al. suggested training nurses in specialty branch fields to drive specialized and international development of nursing science [26]. The training and assignment of the CNS has since been overseen by clinical nursing managers and educators in Mainland China. This training was pioneered at the Sir Run Run Shaw Hospital of the Medical School of Zhejiang University, based on the successful management experiences of Loma Linda University Medical Center. In 2000, this hospital designated specific positions for advanced specialized nurses [6]. Subsequently, the first enterostomal therapy school in Mainland China was established under the concerted effort from the Chinese Nurses Association, the School of Nursing of Sun Yat-sen University, the School of Professional and Continuing Education of The University of Hong Kong, and the Hong Kong Stoma Therapist Association. The Chinese Nurses Association established certification for a critical care program in 2002, which was developed by the Hong Kong Society of Critical Care Nursing in collaboration with the School of Nursing of Peking Union Medical College. In 2003, the Jiangsu Nursing Association and hospital authorities in Jiangsu Province established the first provincial training base for nurses specialized in diabetes mellitus [27]. In 2005, a program for training nurses specialized in geriatric care was introduced by the Guangdong Health Department and the Hong Kong Hospital Authority [28]. Soon afterwards, additional training programs were developed in Hunan province, Sichuan province, Chongqing city, and others.

3. CNS roles

The CNS was initially expected to be skilled in consultation, research, staff/patient/family education, care coordination, institutional management of medical care, symptom management for clients, and diagnosis and responses to illness, but generally without formal or standardized education [29–31]. Initially, the CNS often worked in impoverished areas and disease-specific related chronic care facilities [32]. However, the continued development and progression of the CNS in new and more clinically demanding activity models has led to the evolution of their role and practice spheres, including as clinical specialists, educators, consultants, advisors, researchers, managers, clinical administrators, collaborators, communicators, liaisons, change agents, and innovators [11,15,19,33–39].

3.1. Clinical specialist

The CNS is a core functional component of many healthcare systems, and has thus been accepted by healthcare organizations, staffs, and clients [40,41]. It is generally recognized that the CNS can effectively ameliorate healthcare outcomes, reduce patient injuries, minimize hospital stays, improve patient education, develop better clinical procedures and

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