

Main article

Rheumatology nurses' work-related empowerment

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Abstract

Objective: The purpose of the study was to investigate rheumatology nurse specialists' work related empowerment.

Method: Nine nurses undertaking graduate studies were asked to write an essay on 'What work related skills does the rheumatology nurse need to master?' In addition, one interview was conducted. The material was analysed using the method of inductive content analysis.

Results: The following key areas of work related empowerment were identified as important: knowledge about rheumatic diseases; treatments and follow up monitoring care; knowledge about patient education and counselling; collaboration and the ability to co operate; mastery of manual skills and development of the quality of nursing care for patients with rheumatic disease.

Conclusion: The study contributes to a better understanding of work related empowerment among rheumatology nurses. The results of the study can be used to develop the role components of healthcare professionals who attend patients with rheumatic disease.
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Key words: rheumatology nurse, work related empowerment

Introduction

The care of rheumatic patients provides the rheumatology nurse with a wide range of tasks to perform. The nurse is expected to have sound clinical knowledge and expertise, extensive knowledge of rheumatic patient care, an ability to work independently and an ability to work in collaboration with others. The nurse has to be able to take an overall view of a situation (Kerr and Johnson, 2000).

The rheumatology nurse needs a basic knowledge of rheumatic diseases and their specific features to educate and counsel patients and their families, and to prevent and identify problems associated with rheumatic illnesses. Such problems are, for example pain, changes in the patient's well being and energy level, matters relating to the patient managing their own care, issues around mobility and adapting to the illness from the perspective of the individual and the family (Hill and Ryan, 2002; ARHP, 2004).

Working efficiently with other people and bodies involved in the care of the rheumatic patient is integral to the role (Ryan, 1995, 1996; Hill and Ryan, 2002; ARHP, 2004) as well as speaking on behalf of and defending the interests of the patient (Ryan, 1996; Hill and Ryan 2002). Familiarity with, and participation in, health policy related to the planning and provision of care can be considered part of the role (ARHP, 2004) as well as integrating research results, performing clinically related research and communicating with colleagues via professional publications.

Nurses are urged to perceive empowerment in order to work successfully in their work. In the present study, empowerment is defined as a process whereby people feel confident that they can act and successfully execute a certain course of action. This may include confidence in one's ability to execute job related responsibilities, to assert one's opinions to co workers or managers or to influence organizational change (Irvine et al., 1999). The purpose of this research was to describe the conceptions that graduate nurses have of empowerment in the work of the rheumatology nurse. The research addressed the following question: What work related skills does the rheumatology nurse need to master?

Method

Data collection

The study participants comprised nurses who had participated in vocational specialization studies in rheumatic patient care at a particular polytechnic. The course was intended for graduate nurses. It comprised 800 hours of training and took place over one academic year while the participants were also working. The data were collected between April and June 2005. Participants were asked to write an essay on the work related skills that a rheumatology nurse needs to master. In addition, one of the participants was also interviewed.

The research licence was granted in December 2004 by the head of the health studies unit of the polytechnic concerned. The individuals in the target group were sent forms on which to write their essays and submit them anonymously. A covering letter explained the purpose of the study. The covering letter also mentioned

that participation in the study was on a voluntary basis (Burns and Grove, 2001). The members of the target group expressed their consent to participating in the study by returning the essays that they had written on the given topic. A reminder letter was sent to all participants because the researchers did not know which of the group members had already sent back their replies. As a consequence of the reminder, a number of additional essays came in, and a request for an interviewee was sent to five randomly chosen group members. The recipient of the request was to express consent to being interviewed by contacting the researcher. One interview took place as a result. In each of the three letters sent to the target group, the voluntary nature of participation in the study was stressed. Because of the small amount of data involved, there was a possibility that anonymity would be jeopardized. For this reason, particular attention was paid to this aspect when reporting on the research (Miles and Huberman, 1994).

Data processing and analysis

Inductive content analysis was used (Burns and Grove, 2001). A verbatim copy of the data was made on the basis of the essays. The interview was transcribed from the taped recording. The stages of content analysis can be classified as follows: the unit of analysis is chosen; the data are examined, then reduced, classified and interpreted; and the reliability of the analysis is interpreted (Burns and Grove, 2001). The units of analysis for the study are individual words, sentences and whole ideas. The question at the heart of the research task was directed at the data, and original statements from the data were given a code. Next, items of data which appeared to belong together were grouped, and categories were formed and named according to content. The analysis was pursued by combining sub categories of similar content to form super categories (Polit and Hungler, 1999). Super categories were combined to form thematic classes. The names of the thematic classes were formed on the basis of the research questions.

Results

The average age of the respondents was 43.6 years. The length of work experience averaged 18 years. Seven respondents had worked as a rheumatology nurse on either a part time or a full time basis. The key areas of work related empowerment identified include the following.

- Knowledge of rheumatic illnesses and their treatment.
- Skills relating to educating, counselling and training.
- Collaboration with other rheumatic patient carers.

- Manual skills.
- Developing the quality of rheumatic patient care.
- Knowledge of rheumatic illnesses and their treatment.

In order to be able to work as a rheumatology nurse, the nurse has to have knowledge of rheumatic illnesses and their symptoms and manifestations. In the view of the respondents, it is important for the nurse to understand:

- how disease activity is being monitored
- human anatomy
- joint examination
- knowledge and skills in administering and monitoring medication, including side effects and interactions
- interpreting laboratory results
- basic knowledge of physiotherapy and rehabilitation
- how to help the patient to cope with pain using non pharmacological intervention
- being familiar with the principal features of the rheumatic patient's social security situation.

Educating, counselling and training

In the opinion of the study participants, it is of primary importance for the rheumatology nurse to understand what pre conditions have to be in place for patient education to be successful. This involves assessing the patient's need for education and the patient's receptiveness to that education. The educational techniques mentioned by the respondents were written and oral guidance as well as guidance provided over telephone. The participants in the study described the areas of content of patient education as follows: supporting the patient and motivating them to manage their own care; information about peer support; education on care in the home; education on medication; nutritional counselling; exercise and joint protection.

Collaboration with other rheumatic patient carers

The respondents recognized the importance of the nurse's collaborative skills and ability to co operate with all parties involved in the care of the rheumatic patient. The collaborating parties included the patients, relatives and professionals involved in the care of the rheumatic patient.

Manual skills

Situations in which the nurse's manual skills are needed include: giving an injection; applying a bandage; dressing a wound; removing stitches; and assisting in various procedures.

Developing the quality of rheumatic patient care

The respondents think it is important for the rheumatology nurse to keep their knowledge and skills up to date and have the ability to read research and apply research data in practice.

Discussion

Examination of the results

Working as a rheumatology nurse requires both theoretical knowledge and practical experience of rheumatic patient care (Ryan, 1996). The results obtained from the present study indicate that the key areas of work related empowerment are: knowledge of rheumatic illnesses and their treatment; skills in relation to educating, counselling and training; collaboration with others involved in the rheumatic patient's care; manual skills; and developing the quality of rheumatic patient care. These findings concur with existing literature regarding the role components of the rheumatology nurse (Ryan, 1996; Hill and Ryan, 2002; ARHP, 2004).

According to research by Hill et al. (1994), patients with rheumatoid arthritis report higher levels of satisfaction, less pain and received more information when reviewed by a nurse practitioner in comparison to a rheumatologist. Arthur and Clifford (2004) also found that patients reported higher levels of satisfaction when monitored by specialist nurses. Research by Tjihuis et al. (2003) showed that care provided by a rheumatology nurse achieved the same patient outcomes as care provided on the ward or in an out patient clinics and was cost effective (Van den Hout et al., 2003).

Reliability of the study

The results described the skills required and the work related empowerment of a nurse in one specialized field, so they are not directly transferable to another context. Data collection through essays made it possible for study participants to express their ideas freely in writing. The one conducted interview complemented

the previously collected data since it was possible to ask follow up questions during the interview.

According to Silverman (2000), one of the most important criteria for ascertaining the reliability of a study is to establish a link between the data and the results. We have tried to increase the reliability of the study by describing the stages followed in the study as accurately as possible. Names have been given to the categories that reflect their contents and are based on data and concepts generated by the study participants. We have tried to illustrate the analysis and categories of data by use of a diagram (Figure 1). We have endeavoured to report the results of the research carefully so that they address the question being researched.

Conclusion

The results obtained in the present study piece together a picture of the different areas of work related empowerment for the rheumatology nurse. These results may be used in the development of the work content and training of healthcare professionals who care for rheumatic patients.

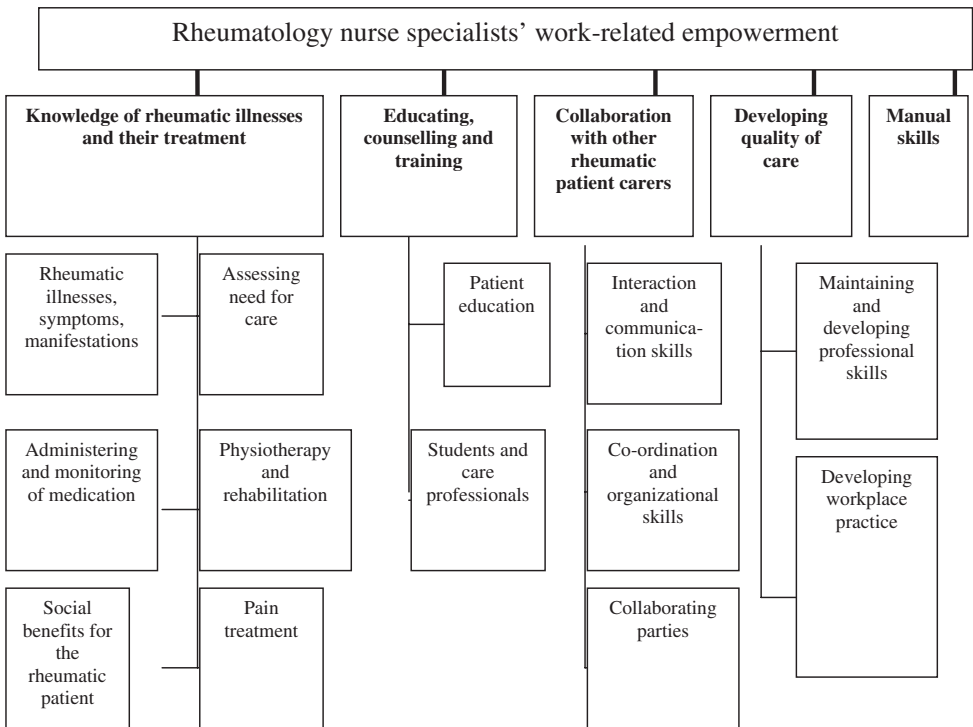


FIGURE 1. Rheumatology nurse specialists' work related empowerment.

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