ATTITUDES OF WARD NURSES TOWARDS EXTENDING PROFESSIONAL POWERS WITH RESPECT TO WRITING OUT PRESCRIPTIONS AND INDEPENDENT REFERRALS FOR DIAGNOSTIC TESTS – A PRELIMINARY QUALITATIVE STUDY

POSTAWY PIELĘGNIAREK ODDZIAŁOWYCH WOBEC ROZSZERZENIA UPRAWNIEŃ ZAWODOWYCH W ZAKRESIE WYSTAWIANIA RECEPT ORAZ SAMODZIELNEGO KIEROWANIA NA BADANIA DIAGNOSTYCZNE – WSTĘPNE BADANIE JAKOŚCIOWE

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ABSTRACT

Introduction. An amendment to the Nurses and Midwives Act introduces new competences for these professional groups with respect to writing out prescriptions as part of the implementation of medical orders (SNP), independent prescription of drugs, including writing out prescriptions for these drugs (INP), as well as independent referrals for diagnostic tests. The scope of competences will depend on the level of education of nurses and midwives. The amendments shall come into force on January 1st, 2016.

Aim. The study aims to analyse the attitudes of ward nurses towards extending their professional powers with respect to writing out prescriptions and referring for diagnostic tests on their own.

Material and methods. Study group: 23 ward nurses (100% women) working in the Independent Public Children's Clinical Hospital in Warsaw. Mean age: 49 years (mode and median: 50; min. 31, max. 61, SD = 7.95). Mean length of service: 30 years (mode: 25, median: 30, min. 17, max. 40, SD = 6.38). This qualitative study was conducted on March 20th, 2015 in the form of a hidden structured collective interview (focus) using a prepared scenario.

Results. Knowledge of the study group of ward nurses about the legislative changes was insufficient and their attitude towards the introduced changes was not unambiguous. The ward nurses believed that the new competences would apply to the outpatient health care, including primary healthcare in particular. However, the study group of nurses had serious doubts concerning the list of medicines they could prescribe on their own and the list of diagnostic tests to refer their patients for.

Conclusions. 1. The level of knowledge of the study group of ward nurses about the new competences was insufficient; therefore, increased educational efforts are needed in relation to this field.

2. The attitudes of the study group of ward nurses towards the new competences were not unambiguous. It should, however, be noted that the study was conducted in a specialised children's teaching hospital, where the application of the amended regulations, for objective reasons, will be limited.

STRESZCZENIE

Wstęp. Nowelizacja Ustawy o zawodach pielęgniarki i położnej wprowadza nowe kompetencje tych grup zawodowych w zakresie wystawiania recept w ramach realizacji zleceń lekarskich (RZL), samodzielnego ordynowania leków, w tym wystawiania na nie recept (RSO), a także samodzielnego kierowania na badania diagnostyczne. Kompetencje te będą uzależnione od poziomu wykształcenia pielęgniarek i położnych. Zmiany wchodzą w życie 1 stycznia 2016 roku.

Cel. Celem pracy jest analiza postaw pielęgniarek oddziałowych wobec rozszerzenia uprawnień zawodowych w zakresie wystawiania recept oraz samodzielnego kierowania na badania diagnostyczne.

Materiał i metody. 23 pielęgniarki oddziałowe (PO) (100% kobiet) z Samodzielnego Publicznego Dziecięcego Szpitala Klinicznego w Warszawie. Średnia wieku: 49 lat (moda i mediana: 50, min. 31, max. 61, SD = 7,95). Średni staż pracy: 30 lat (moda: 25, mediana 30, min. 17 max. 40, SD = 6,38). Badanie miało charakter jakościowy i przeprowadzone było 20 marca 2015 r. w formie ukrytego ustrukturyzowanego wywiadu zbiorowego (focus), na podstawie wcześniej przygotowanego scenariusza.

Wyniki. W badanej grupie PO wiedza dotycząca wprowadzanych zmian prawnych była niewystarczająca, a PO nie miały jednoznacznie określonej postawy wobec wprowadzanych zmian. W opinii PO nowe kompetencje znajdą zastosowanie w lecznictwie otwartym, w szczególności w POZ, jednakże duże wątpliwości wzbudziła w badanej grupie lista leków, jakie będą mogły samodzielnie ordynować i badań diagnostycznych, na jakie będą mogły kierować pacjentów.

Wnioski. 1. W badanej grupie PO poziom wiedzy na temat nowych uprawnień był niewystarczający, dlatego też należy podejmować intensywniejsze działania edukacyjne w tym zakresie.

2. W badanej grupie PO postawy wobec rozszerzenia uprawnień nie były jednoznaczne, należy jednak zwrócić uwagę na fakt, że badania prowadzone były w specjalistycznym dziecięcym szpitalu klinicznym, w którym to znowelizowane przepisy, ze względów obiektywnych, będą miały ograniczone zastosowanie.

3. The study should be continued among a representative group of nurses with a similar level of education, professional experience and place of work, with a particular consideration of nurses working in the outpatient health care.

KEYWORDS: new competences, prescription of drugs, continuation of treatment, referrals.

3. Badania powinny być kontynuowane w reprezentatywnej grupie pielęgniarek, z różnym poziomem wykształcenia, doświadczenia zawodowego oraz miejsca pracy, ze szczególnym uwzględnieniem pielęgniarek zatrudnionych w systemie lecznictwa otwartego.

SŁOWA KLUCZOWE: nowe kompetencje, ordynowanie leków, kontynuacja leczenia, skierowania.

Introduction

As a result of the amendment to the Act on the professions of the nurse and midwife, from 1st January 2016 certain groups of nurses and midwives will gain new powers in the delivery of medical services. Every nurse and midwife who have graduated from the first degree studies will be able to independently write prescriptions under the doctor's orders (Supplementary nurse prescribing – SNP). The nurse and midwife who have graduated from the second degree studies or a specialisation will be able to independently prescribe medicines containing active substances defined in the regulations and write out prescriptions (Independent nurse prescribing - INP). Both powers are subject to the necessity of completion of a specialist course whose scope will include elements of pharmacology, as well as organisational and legal issues associated with issuing prescriptions [1].

In addition, under the new rules, every nurse and midwife who have completed undergraduate studies or specialisation will be able to direct patients to diagnostic tests defined in the regulations [1].

The changes are aimed at increasing the availability of services, primarily in the form of shorter waiting lists for specialists. They consist largely of patients only with continued treatment. This situation concerns chronic diseases, particularly cardiovascular diseases, which represent the most common cause of death in Poland [2].

The rationale of the new regulation is also to enhance the prestige of the nursing and midwife profession and relieve physicians, whose number in Poland (per capita) is the lowest in Europe [3]. A similar solution has already been operating in other countries, e.g. Australia, Canada, Spain, Sweden, Finland or the UK. In these countries, the changes were initially accepted with reserve, but current practice shows that they have brought many benefits, both to the health systems and patients [4, 9].

The condition of the actual implementation of legal changes to nursing practice is detailed knowledge of the subject and the positive attitude of the interested parties to the new powers, especially that the new powers will have an authorisation and not an obligation conferred on nurses and midwives.

Aim of the study

The aim of this study is an attempt to assess the attitudes of ward nurses towards the extension of their professional powers regarding the prescribing practices and independent directing for diagnostic tests, as well as the usefulness of the new competencies in the clinical practice of ward nurses working in a specialised children's clinical hospital.

Material

The study was attended by 23 ward nurses (100% women) from the Independent Public Children's Clinical Hospital in Warsaw. Their average age was 49 years (mode and median: 50, min. 31, max. 61, SD = 7.95). The average seniority in the group was 30 years (mode 25, median 30, min. 17, max. 40, SD = 6.38). 8 nurses graduated from a secondary medical school, 8 had an undergraduate degree, and 7 – a second degree. The largest group of respondents (17 people) inhabits a city over 500,000 residents, 3 people live in a city of 100-500 thousand population, one person in a place of under 100,000 residents and two in the country. In the study group 9 people completed a specialisation, 7 – a qualification course, 2 – a specialist course, one nurse – a further training course. One person also completed postgraduate studies in management. 20 respondents worked in a hospital ward as ward nurses, and 2 in a specialist clinic in a senior nurse position.

Methods

The survey was conducted on March 20, 2015, during a meeting of the ward nurses of the Independent Public Children's Clinical Hospital in Warsaw. The meeting was run by employees of the Department of Teaching and Education Outcomes of the Faculty of Health Science at the Medical University of Warsaw.

The study was qualitative in nature and conducted in the form of a structured collective interview [5,6]. This interview was preceded by a brief approximation to those audited of the key assumptions of the legislative changes, as well as the criteria necessary to be met by the nurse and midwife trying to obtain specific competences.

Based on the analysis of the amendment to the Act on professions of the nurse and midwife, the rationale of the project and the available literature, a scenario of the study was prepared, covering issues discussed in succession during the interview (**Table 1**). According to the standard qualitative research, the interview was in the seminar room prepared in such a way that the operator had a constant eye contact with the tested. The hall was also equipped with a multimedia projector and screen, which displayed the subsequently discussed issues (in the form of a PowerPoint presentation).

The interview had a hidden nature – the respondents did not know that they were participating in a qualitative survey. A voice record of the meeting was made using a dictaphone. After completing the recording, the interview was analysed qualitatively. An mp3 file with a record of the meeting is available from the authors.

Table 1. Scenario of the structured collective interview

Category	Nº	Issue
The existing knowledge concerning legal changes	1	Self-assessment of the state of current knowledge in the field of legal changes
	2	Self-assessment of current interest in the issue of enlargement of professional competence of nurses and midwives
Prescriptions under the doctor's orders	3	Evaluation of the usefulness of the authority for SNP by nurses and midwives
	4	Assessment of the extent to which the staff at the various departments meets the statutory criteria for SNP
	5	Evaluation of formal (legal) criteria for granting the nurse an SNP permission
Independently prescribed drugs	7	Evaluation of the usefulness of INP powers by nurses and midwives
	8	Assessment of the extent to which the staff at the various departments meets the statutory criteria for INP
	9	Evaluation of formal (legal) criteria for granting the nurse INP permission
	10	Assessment of the degree of physicians' awareness with regard to RSO entitlement
	11	Evaluation of the proposed list of active substances whose drugs ordained by nurses and midwives will be allowed to contain
Independent referrals for diagnostic tests	12	Assessment of the usefulness of the authority to refer for diagnostic tests by nurses and midwives
	13	Assessment of the extent to which the staff at the various departments meets the statutory criteria for independent referral for diagnostic tests
	14	Evaluation of formal (legal) criteria for granting nurses and midwifes the right to independently refer for diagnostic tests
	15	Assessment of the degree of awareness of physicians in the area of competence to independently refer for diagnostic tests
	16	Evaluation of the proposed list of tests for which nurses and midwives can refer the patient

Source: authors' study

Results

W**ard nurses' opinions on the current knowledge of nurses and midwives' new competences**

Nurses consistently indicated that the subject of the new powers was known to them '*in general terms'*, but not '*in detail'*. Several respondents indicated that they did not know which groups of nurses would have different powers. The majority of respondents were not interested in the subject, particularly due to the nature of their work (a hospital ward). One of the nurses simply said that '*at present, such knowledge is not useful to her, but if she worked in a ZOZ ('health care unit'), she would have been long since interested in the subject'*. So far, nurses have drawn details on the changes in regulations from the media. One of them mentioned the portal, for nurses and midwifes.

Attitudes of ward nurses concerning nurses and midwives' SNP competences

As regards nurses and midwives' SNP competences, the survey participants indicated that there would be changes beneficial to patients. Most of the nurses considered, however, that these powers were '*not applicable'* in the hospital ward, where no prescriptions were written out. One of the nurses argued that this right could be implemented in a polyclinic.

When asked to what extent staff across departments meets the statutory criteria for SNP (undergraduate studies – not considering a specialist course which has not yet been created), responses differed depending on the branch. One of the nurses said that it was 80–90% of the staff, several others that no more than 60–70%.

Nurses were also asked to assess whether the statute-indicated group of nurses qualified for SNP was correct. Most respondents felt that there should be no differentiation among nurses – such permission should be granted to all. There also appeared a voice, '*if the doctor writes well, we can rewrite'*. Several people pointed out that a specialist course in terms of proper prescribing practices is, however, necessary to implement such a power. One of the study participants made it clear that she was an opponent of bringing nurses down to a '*link'* in a hospital or health care unit, whose task was to '*extend'* drugs to the patient. She conceded that this could be a hidden agenda of the regulation introduced.

Attitudes of ward nurses concerning nurses and midwives' INP competences

Most of the interviewed ward superiors considered that such powers would be useless in a hospital ward, as treatment is the role of a doctor, not a nurse. There was

also a suggestion that it would make sense to separate drugs / personal care measures to be prescribed by a nurse, and medical ones to be ordered by a doctor. One of the nurses also stated that it was common practice that the overall responsibility for the care lay with the nurses and the doctor then signed the order already after its execution, and therefore, legal changes towards independent ordination of measures / treatment drugs were well founded.

Participants of the study were consistent that about 70% of the ward staff had a university master's level or specialisation, which – according to the new rules – made them competent for INP (after completing the specialist course in this field).

The dominant opinion among respondents was as follows: all nurses should be allowed to prescribe medicines following a specialist course. The introducition of the criterion of professional experience should be considered. A major limitation of the changes is the exclusion of nurses with secondary education from respective fields of competence, at least '*for now'*. Another nurse said that the proposed criteria were misguided and did not relate to the actual '*nursing market'* because '*often the experience is much more important than education'*. Another one answered that the criteria were essentially correct, but excluded a large group of experienced nurses who lacked higher education.

Nurses indicated that doctors did not cover this topic or discouraged nurses to use the new powers. One of the respondents indicated that they even '*were scared by checks from the NFZ* (National Health Fund).' Another one referred to the specificity of hospital units, '*I am convinced that for example in the dressing room doctors would hand the course of the treatment almost entirely to the nurse, but in the ward it is the doctor who should take the lead in the therapeutic process*.'

Upon showing the list of medicines proposed in the draft regulation, to prescribing of which nurses and midwifes would be entitled, there was a lively discussion in the study group. The ward superiors acknowledged that some of the drugs would not apply in their hospitals because they were not given to their children. The biggest controversy was aroused by the drug with the active ingredient *salbutamol*, used, among others, in allergy treatment, as a fast-acting drug. One of the nurses indicated that very often the doctor consulted administration of this type of medication with another doctor not to do harm to the patient. She concluded that in this case the nurse should be very careful. Another nurse asked rhetorically, '*Why should I take responsibility if the same drug may be prescribed by the doctor, who is better oriented in the course of the healing process*.' Another person added to this statement, '*It may be the case that the patient is allergic to a drug and I don't know about it. You enter the competence of the physician quite unnecessarily. I don't see the positive side of the changes in inpatient care'*.

Attitudes of ward nurses regarding nurses and midwives' competences to independently refer for diagnostic tests

Nurses indicated that the list of diagnostic tests was quite narrow. One of the respondents expressed the opinion, '*It may happen that the nurse should refer the patient for testing beyond the list, or that the doctor after receiving the results decides he needs more data. Then the patient's blood, for example, will be collected twice. For children this is particularly difficult and unreasonable*.' It was pointed out that if the patient after the tests came back to the nurse who referred him for them, very often she would not be in a position to prescribe him medication, and would have to send the patient to the doctor. Another nurse said straight out that in specific cases an experienced nurse collected blood herself even before the doctor prescribed this, because she knew that it was necessary. Sometimes, she also prompted the doctor what test should be performed if he overlooked something. She added that when there was one doctor on duty for several wards, some orders were issued by telephone. These measures are taken for organisational reasons. A very important factor at work is trust between doctors and nurses, because that also benefits patients. Nurses agreed, however, that the power of the independent referral for diagnostic tests would be useful in PHC.

Discussion

Due to the fact that the subject of extending the powers of nurses and midwives is a new subject, no publications were found in accessible Polish scientific literature (Polish Bibliography of Physicians) on the attitudes of nursing executives to qualified nurses and midwives issuing prescriptions, as well as referring patients for diagnostic tests. The work has thus an innovative character.

Many publications have been found in the world's scientific literature (PubMed, ProQuest, Google-scholar, search period 1.01.2000-29.03.2015, language: English, keywords: nurse prescribing, nurse prescribers), including meta-analyses relating to the powers of nurses to prescribe and refer for diagnostic tests, as well as evaluations of the implementation of these rights [4, 7–12].

In analysing one's own research, it has to be said that nursing managers are skeptical about entering the extension of powers. Concerns about the uselessness of powers in inpatient care can nevertheless be considered as legitimate and natural. A similar situation was

observed in other countries during the introduction of similar regulations. A study conducted by Polczynski, Oldenburg and Buck shows that in the United States, after more than 30 years since the first reforms, in every state a number of nurses have some competences in prescribing. They vary depending on the state, however everywhere in spite of initial concerns they are well reviewed and extended [9].

It is not surprising to see nurses anxious about whether they have enough knowledge to prescribe. Similar sentiments are also met in people who practise this profession in countries where such powers have long been in force. A systematic review by Latter and Courtenay indicates that although nurses rewriting prescriptions are generally satisfied with their powers, some of them fear if their knowledge of pharmacology is sufficient to carry out the powers [8]. Horton moves still further in his concerns, listing the issues in pharmacology which a program of nursing education must contain before they are given full authority to prescribe drugs [12]. Conversely, While and Biggs in the quantitative research they conducted in southern England show that over 80% of nurses issuing a prescription are at least moderately confident in their skills [10].

In the study group there is a noticeable lack of approval to the criteria of granting the new powers to nurses and midwives. This is undoubtedly a difficult issue. As shown in the meta-analysis by Kroezen'a et al., the requirement of obtaining higher education is in force in many countries that implement similar reforms. However, there are exceptions. In Sweden training in 'writing out prescriptions' is part of specialisation in primary care. Some countries also introduced the criterion of seniority (postulated by some of the respondents). In Finland, Ireland and the UK, a nurse who wants to get the right to issue prescriptions must demonstrate three years' professional experience (within the last 5 years) [4]. It is not difficult to find arguments for the use of each of these criteria, and even to completely withdraw from them (as suggested by some respondents). According to the authors, the conditioning of the competence level on education appears to be reasonable and consistent with the international mainstream. The decision of the legislator is somewhat arbitrary and only practice will show the extent to which it is the right one.

It may be reassuring that ward superiors see the possibility of applying for new competences in nursing in outpatient care, especially in PHC. Meta-analysis carried out by Gielen et al. shows that opinions are consistent with the experiences of other countries. In most of the analysed studies, nurses and doctors issued prescriptions to a similar number of patients. There were also no significant differences in the treatments carried out by professional groups. Moreover, 12 in 13 studies showed that patients are just as (5) or more (7) satisfied with the treatment by nurses. Similarly, in the case of evaluation of care quality, it was better in the case of nurses or comparable to that provided by physicians. Both occupational groups showed no significant differences between the number of referrals discharged by nurses and doctors [11].

Controversy about the list of drugs for the independent prescription by nurses and midwives occurs not only in our study. The list in question will always be the result of a compromise between the degree of autonomy of nurses and midwives, and concern for patient safety. The ward superiors researched, even before the entry into force of the amendments, are conservative in their attitude. Conversely, in countries where changes have already been introduced one observes nurses striving to expand the sphere of professional independence. In the study by While and Biggs quoted above, more than 2/3 of the respondents recognised the list of drugs they may prescribe as insufficient [10].

In summary, the results of our study can be referred to a similar (also qualitative) one conducted in 2005 by Bradley and Nolan in a group of 45 nurses who had the power to independently prescribe drugs. These skills were seen as 'something more' than just extra duty. The nurses claimed that they allowed them a more holistic approach to the patient. They indicated that this was an element that integrated their existing competences [7]. Although the opinions of Polish nurses in this area are much more cautious, only the entry into force of the amendments will tell whether and to what extent they will facilitate the work in a hospital ward, in particular a clinical one.

Limitations of this study

A limitation of the study is the fact that it was carried out in a clinical hospital. Moreover, the profile of the hospital (paediatric) may also affect the attitudes shown by nurses. The test results cannot be objectively representative as they relate to a selected group of nurses, i.e. managers (ward superiors).

Further research directions

To obtain more reliable and in-depth results, a study should be conducted on a broader and more diverse group of nurses and midwives. This can be helped by the quantitative research planned and carried out to meet all the conditions for representativeness using a reliable and valid research tool. The results of the present focus research will serve as a pilot study to create a tool – a questionnaire, checking the knowledge

and attitudes towards expanding the powers of professional nurses and midwives.

Conclusions

1. In the group of ward nurses studied the level of knowledge about the new powers was insufficient, and therefore, more intensive educational measures in this field should be undertaken.
2. In the group of ward nurses studied the attitudes toward extending their powers were not clear. It should, however, be noted that the studies were conducted in a specialised children's clinical hospital, in which the amended regulations, for objective reasons, will have limited use.
3. Research should be continued in a representative group of nurses with different levels of education, work experience and jobs, with particular emphasis on nurses working in outpatient health care.

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