

The context of respiratory nursing

Part 1

Chapters

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Overview

Part 1 sets out to orientate the reader to the context of respiratory nursing, from its historical roots, through the various present day working environments where respiratory patients are cared for, and offers a vision for the future. It is hoped this will demonstrate the diversity and wide-reaching influence of respiratory nursing.

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The origins of respiratory nursing

Box 1.1 Criteria for the nurse specialist

Source: Adapted from Giles M, et al. (2014)
BMC Nursing, 13: 30.

- Practitioner involved in direct care
- Teacher of patients, relatives, staff and students
- Consultant for other nurses and other professions
- Researcher in relation to area of specialisation
- Change agent
- Manager

Figure 1.1 TB Ward, National Jewish Hospital

Source: https://commons.wikimedia.org/wiki/File:National_Jewish_Hospital2.jpg. CC0-1.0 public domain.



The concept of specialist nursing

Before the influence of Florence Nightingale and the advent of modern nursing, the concept of nursing specialties was unknown. Nurses were expected to provide nursing care no matter what illness afflicted their patients. Patients in hospital were not segregated according to diseases until the early years of the twentieth century, when they were placed in specific areas according to their medical diagnosis. Following scientific and medical advances made during and after the Second World War, this knowledge gave the impetus to emerging medical specialties (Donahue, as cited in MacKinnon, 2002).

While nurses have been working within specialisms for over a century, Castledine (2004) argues that the first development of the clinical nurse specialist emerged in the UK in the mid 1970s. He argued that while the numbers of specialist nurses were increasing in the early 1980s, there was lack of guidance on the criteria for such posts and the first generation of nurse specialists developed lacking direction or control. It was this lack of evaluation or audit that later led to problems in identifying the necessary characteristics of the clinical nurse specialist (Castledine, 2004).

What is a specialist nurse?

The second generation of clinical nurse specialists evolved in the 1990s in response to the publication of the Scope of Professional Practice (UKCC, 1992) and in reaction to the reduction in junior doctors' hours and shortages of medical staff. However, it was not until the publication of the PREP (post Registration, Education and Practice) report (UKCC, 1994) that specialist nursing practice was defined as 'Exercise higher levels of judgement and discretion in clinical care. Demonstrate higher levels of clinical decision making, monitor and improve standards of care through supervision of practice, clinical nursing audit, developing and leading practice, contributing to research, teaching and supporting professional colleagues' (UKCC, 1994).

Although there were more specialist nurses, particularly respiratory nurse specialists, in post by the mid 1990s, within the nursing press it was argued that very few fulfilled the criteria set out in the literature (Christmann, 1965; Peplan, 1965; Oda, 1977) and summarised by Girard (1987) (Box 1.1).

The respiratory nurse specialist

The roots of respiratory nursing can be traced to the care and management of patients with tuberculosis (TB) and included roles such as the TB family visitor (similar to today's health visitor) and the ward nurse who attended patients on the old TB wards (Figure 1.1).

Since the 1980s, as advances in medicine and changes in the delivery of health care continued, this resulted in an increasing number of respiratory nurse specialists working in a wide range of respiratory settings, for example working within TB clinics, sleep apnoea services, asthma and chronic obstructive pulmonary disease (COPD) nurse led clinics, ventilation services, pulmonary rehabilitation programmes and running nurse-led community based centres for people with respiratory disease. As the number of nurses working in respiratory care settings has increased, the improvements in knowledge and evidence of the psychosocial

issues related to respiratory care, respiratory management and technologies have made a significant difference to the understanding of the needs of patients living with a respiratory condition.

Since the 1990s, the role of the nurse consultant has evolved including within respiratory care. There are a number of such posts currently established across the UK, although those roles vary and titles are inconsistent nationwide. These inconsistencies and variability in nurse consultant roles still needs to be addressed across all specialties (Giles et al. 2014).

Today's respiratory nurses

It should not be forgotten that there are many other nurses, in hospital and community settings, as well as other professionals and providers who contribute to the specialist care of the person with a respiratory condition. Frequent changes in political climate, organisational changes, rising costs, pressures on health services and rapid advance of medicine and technology over the last 20 years have inevitably led to the creation of new and more effective ways for improving health care (BTS, 2014). With the predicted demands in numbers of the population with respiratory conditions in the UK, and the evidence of increasing morbidity, change is needed if the care of people with respiratory conditions in the UK is to improve.

While it is recognised that new roles will be developed (BTS, 2014), and specialist nurses roles will continue to evolve, health care providers should recognise the contributions to respiratory care made by nurse specialists over the past 20 years. There is a need to be cautious about replacing any roles before we have a clear idea of the pros or cons of specialist nurses. Modern respiratory nursing requires skill in leadership, management and providing compassionate nursing care and also recognising the cultural, physical, psychosocial and spiritual framework in which people with respiratory diseases live.

Summary

The development of advanced or specialist nursing has been long and complex, but while this process has led to innovations and developments within nursing, it could be argued that it has also led to confusion about what specialist nursing comprises. Specialist nursing is one of the most scrutinised and researched concepts, but there is still a long way to go. Specialist nursing can be described as a role, specialist or generalist in nature, or a level of practice, and as scoping areas of clinical, managerial, educational and research skill. Far more research is needed on the role and its effectiveness within clinical practice.

Further reading

British Thoracic Society (BTS). (2014) The role of the respiratory specialist in the integrated care team: A report from the British Thoracic Society. <https://www.brit-thoracic.org.uk/document-library/delivery-of-respiratory-care/integrated-care/role-of-the-respiratory-specialist-in-the-integrated-care-team-june-2014/> (accessed 20 February 2016).