

**Enhancing assertiveness in  
District Nurse Specialist Practice.**

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**Abstract:**

District Nurse care delivery has undergone substantial change in recent years due to changing demographics and service delivery demands that have called for a move of care delivery from secondary to primary care.

The title District Nurse is recorded with the NMC on completion of the Specialist Practice Qualification in District Nursing (SPQ DN) which purports to be a 'transformational' course that prepares future caseload holders to effectively manage their team and effectively prioritise care delivery.

This article explores the need for assertiveness skills within this role in response to Australian research and outlines the pedagogic interventions implemented during the SPQ DN course to enhance this skill. Assertiveness scores were monitored for the duration of the course and demonstrated a significant increase; a topic that is now the subject of a future, funded study.

**Key words:** district nurse; community; assertiveness; leadership; management.

## **Enhancing assertiveness in District Nurse Specialist Practice.**

District Nursing (DN) is an area of clinical care delivery with strong historical roots that date back to 1859, pre-dating the foundation of the National Health Service (NHS) in 1948 (Queen's Nursing Institute (QNI), 2012). DNs traditionally see patients who are housebound, most often in their own home, and holistically manage a range of complex clinical conditions. Over recent years, the DN service has seen a change to the complexity of the care they deliver as a result of an ageing population and a national shift which aims to deliver 'care closer to home' (QNI, 2013; Department of Health (DH), 2014). These developments have resulted in escalating demands on the DN service including the early discharge of patients from secondary care, the management of more complex and dependent patients in the home environment.

As a result of these significant clinical developments, the variety and immediacy of the demands placed on DN teams has increased considerably (QNI, 2014). In order to effectively manage and prioritise these competing demands, whilst ensuring maintenance of best quality care, it is essential that the leader of each team – the DN who holds the Specialist Practice Qualification (SPQ DN) - is able to assertively manage the variety of demands on the service from patients, clinical colleagues, services and organisations to efficiently prioritise and allocate clinical contacts to team members.

## **Background.**

In 2001 the National Patient Safety Agency (NPSA) was established as a special health authority of the National Health Service (NHS) in England to monitor patient safety incidents. The aim of the NPSA was to contribute to safer patient care by identifying and reducing risks to patients. In June 2012, the key functions for patient safety were transferred to the NHS Commissioning Board Special Health Authority, again to ensure that patient safety remained at the heart of the NHS.

During the 15 years since the formation of the NPSA and transfer to the NHS Commissioning Board there have been irrefutable advances in patient safety, with the adoption of open reporting mechanisms and root cause analyses becoming common place. However, despite these heightened reporting and investigatory mechanisms, research demonstrates that across the NHS we continue to harm an astonishing 1 in 10 of our patients (Duffy, 2010; Rosenorn-Lanng, 2014). The majority of issues with care delivery or 'complaints' regarding clinical care are reported by patients, their relatives and carers and the focus of such complaints tends to be on the 'human factors' component of the care delivery.

"Human factors refer to environmental, organizational and job factors, and human and individual characteristics which influence behavior at work in a way which can affect health and safety." (HSE, 2016)

Indeed, Rosenorn-Lanng (2014), an influential proponent of patient safety, asserts that the knowledge and competence of the healthcare workforce is simply not enough and that fatal errors occur due to a range of 'non-technical' skills or human factors. The range of 'non-technical' skills include communication, leadership, team working, task

management, assertiveness, decision-making, situational and risk awareness, error management: these according to Rosenorn-Lanng (2014) are 'the glue that surround knowledge and skills'.

There have been numerous 'high profile' cases of patient harm - Victoria Climbié (Laming, 2003), Baby Peter (Laming, 2009), Mid-Staffs (Francis, 2013), Winterbourne View (Bubb, 2014) and Elaine Bromiley (Harmer, 2010) to name but a few. It is so often only after such high profile cases that personal and organisational learning truly occurs and, as a result, when steps are put in place to attempt to initiate change. Rosenorn-Lanng (2014) purports that we need to develop a 'learning culture with continuous improvement' within the NHS, rather than the reactionary process that we currently have.

One such high profile case was presented at a recent international nurse education conference (NET, 2014) by an Australian researcher (Warland et al, 2014). Warland et al (2014) described a recent Australian case of the tragic death of a neonate. A subsequent root cause analysis of the baby's death attributed the cause to a number of failings that included a lack of 'assertiveness' by the health care practitioners involved. These findings echo those found during the analysis of the Elaine Bromiley case in the UK. As a result of this case and findings, Warland et al (2014), representing a group of educators in Southern Australia, had responded by developing a series of curriculum innovations to enhance the training of student midwives specifically in the area of enhancing assertiveness skills. In the light of Warland et al's (2014) presentation and study findings, although this had a neonatal focus, it was felt that the honing of such 'assertive' skills would be relevant for practitioners in all fields of healthcare delivery. As a result, the curriculum for the BSc (Hons) and Postgraduate Diploma Specialist

Practice Qualification (District Nursing) (SPQ DN) at Keele University was reviewed, as it was felt that this group of practitioners would specifically benefit from enhancement of their assertiveness skills.

### **What is assertiveness?**

An assertive person exhibits a range of interpersonal behaviours that, whilst recognising and respecting the rights and feelings of others, also demonstrate the ability to stand up for their own or other people's rights, in a calm and positive way. Assertive individuals are able to get their point across without upsetting others or becoming aggressive (Begley & Glacken, 2004; Slater, 1990; Warland et al, 2014).

All health care professionals (HCPs) are involved, on a daily basis, in interactions that require skillful negotiation and assertive skills. However, to date, assertiveness education has not been widely adopted within either pre- or post- registration nursing or midwifery training despite research evidencing a positive correlation between heightened assertiveness and an individual's job satisfaction, effective stress management and purported link with the control of bullying in the workplace (Slater, 1990; Lounsbury et al, 2003). Ultimately, assertiveness enables safe professional communication along with a sense of personal empowerment (Begley & Glacken, 2004).

### **Why District Nursing?**

As mentioned, the DN service has and is changing. The delivery of healthcare per se has undergone rapid change since the inception of the NHS in 1948. Patients are living longer – indeed male life expectancy has increased from 65 to 79 years and female from 70 to 83 years (ONS, 2014) over the last 60 years. With longevity often comes

increasing complexity and dependency (DH, 2014). In addition, the overall picture of healthcare delivery has dramatically changed; in-patient stays of considerably shorter duration and patients are discharged whilst still very dependent, to be cared for at home or within the community. The prevalence of patients with multimorbidity – where two or more diseases occur at one time – is increasing at an alarming rate due to these changing demographics and the improvements in healthcare delivery (American Expert Panel, 2012; Barnett et al, 2012).

Research demonstrates that these increasingly ‘complex’ patients have a different experience of healthcare (Boyd et al, 2007); exhibiting greater symptom burden, diminished quality of life and experiencing limited health outcomes (Barnes et al, 2006; Kadam & Croft, 2007; Barnett et al, 2012). Such complex patients often have frequent contact with a range of health care professionals (HCPs); a complex system which is most often coordinated and supported by the DN. Widespread reports from patients reflect experiences of fragmented care with regular consultations with an array of specialists, multiple appointments and a ‘chaotic experience’ of healthcare (Coulter et al, 2013) – often held together by the DN service.

Alongside these population and changes in healthcare delivery, the delivery of nursing care within the community has undergone quite dramatic ‘modernisation’ which has expanded the remit of DN teams to include the responsibility for patients with greater acuity; resulting busier schedules and competing demands on the service (QNI, 2009; DH, 2013, RCN, 2013). In addition to the increasing acuity of these demands, each DN team continues to have day-to-day responsibility for the care of many patients who suffer from complex and debilitating long term and palliative conditions. Balancing

these competing demands, often accompanied by diminishing staff numbers, presents every DN team with daily challenges (QNI, 2013). The increasing demands, according to the QNI (QNI, 2009; 2013), potentially result in delayed visits, hurried consultations and the possibility of compromised care. Such pressures intensify the challenge of allocating and managing the daily workload and can impact on the ability of the team to consistently deliver high quality care.

In this dynamic but testing environment it is essential that the DN is an assertive and inspirational manager who is able to lead her team effectively, successfully ensuring prioritised allocation of visits and effective negotiation within the wider multidisciplinary team (MDT). DN teams generally comprise a range of registered and non-registered nurses who have experience of providing care for patients 'closer to home' (DH, 2014). Such team skill mix enhances and supports care delivery, however, only those registered nurses who have undergone a specialist practice recordable course - the Specialist Practice Qualification in District Nursing (SPQ DN) - are able to legitimately hold the title DN, although to the general public the term DN is often applied to nurses, carers and allied health professionals indiscriminately!

### **District Nurse Specialist Practice Qualification (SPQ DN).**

The Specialist Community Nursing (District Nursing) course (SPQ DN) is available at both degree or postgraduate level and is a course that, when successfully completed at either level on a part or full time basis, leads to the Nursing and Midwifery Council (NMC) recordable qualification and the title District Nurse. The course is commissioned at a number of Higher Education Institutions (HEIs) across the United Kingdom (UK) and aspires to be 'transformational', enabling future DNs to lead and support complex



care in a variety of community settings working alongside a range of professionals and agencies (DH, 2013).

The NMC (2001) define specialist practice as:

‘.....the exercising of higher levels of judgement, discretion and decision making in clinical care. Such practice will demonstrate higher levels of clinical decision making and so enable the monitoring and improving of standards of care through: supervision of practice; clinical audit; development of practice through research; teaching and the support of professional colleagues and the provision of skilled leadership.’ (NMC, 2001; p1).

Recently the QNI (2015) explored the value of the SPQ DN qualification in response to falling national numbers of commissioned places on Specialist Practice courses. The report (QNI, 2015) demonstrated a distinct image of the effectiveness of the SPQ DN course to ‘lead and manage a responsive DN service’ (p.4). Overall work, however, highlights concerns that commissioners and employers fail to acknowledge the true value of the course (Longstaff et al, 2013).

### **Assertiveness in Specialist Practice project.**

As a result of the curriculum review that the presentation at NET prompted, a core theme of assertiveness was developed which included the implementation of a number of distinct pedagogical interventions. In addition to a range of new sessions, experiences and resources were developed to encourage the enhancement of assertiveness skills. These sessions included a full day of coaching training; a session exploring managing challenging discussions; a theme of developing effective reflective skills; advocacy skill

development using 'live' simulation with actors; training to use motivational interviewing with implementation within clinical simulated scenarios; safeguarding training and the exploration of legal issues including visits to Coroner's Court (Fig 1).

In addition to the pedagogical interventions, the SPQ DN students completed a validated assertiveness questionnaire (Begley & Glacken, 2004) at the start of their 12-month course and four monthly throughout, for their own personal information and to support this educational evaluation. Student scores were released to them at the end of the course and they were encouraged to reflect on their personal development following the targeted sessions.

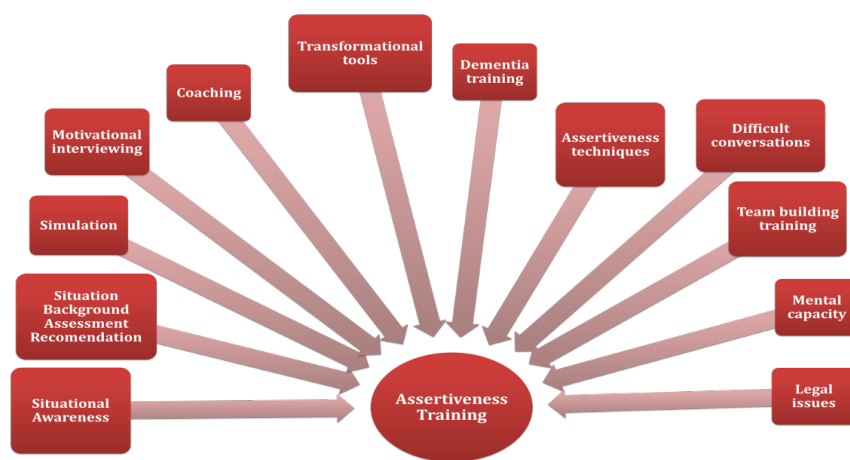


Fig 1: Curriculum mapping.

Following the first iteration of the course, an educational evaluation was undertaken of the pedagogic interventions and the assertiveness scores. From the results it was noted that all participants on the course had exhibited a positive tracking of their assertiveness scores which, when analysed, proved to be statistically significant, with a

mean increase in scores of 10 points (overall scores 0-100) from the the initial scores to those at course end.

As a result of the positive impact of curriculum interventions and clinical experiences on assertiveness scores during the project, it was decided that a more formal research study to review the impact of targeted interventions on Specialist Practice student assertiveness would be undertaken. This is planned to be undertaken for the duration of the course and also for one year post-course, since the year following qualification as an SPQ often proves to be a challenging period when many newly qualified DNs report that they struggle with a range of pressures due to their role and their management of the team.

## **Conclusion**

DNs are subject to increasing workload and team management pressures due to changing demographics, workload pressures and more complex team working. This paper has evidenced the positive impact of curriculum interventions during the DN SPQ course on student assertiveness. A future funded research study will aim to evidence the impact of specifically tailored educational interventions and supported clinical practice on the development of assertiveness both during the DN SPQ course and once qualified as a DN. This study may lead to the development of varied pedagogical approaches to education within this course nationally.

**Keypoints:**

- District Nursing is a contemporary and dynamic service, responsive to changing population and organizational changes.
- Assertiveness is an essential skill for all nurses. It can be developed and enhanced by the delivery of curriculum interventions.
- Patient safety is influenced by 'human factors'. Assertiveness training may well have a role in ensuring safe professional communication, ultimately impacting on patient safety.

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