How do nurses perceive the role of the TVNS?

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Abstract

Background: Nursing care has advanced over recent years due to changing professional boundaries, patient expectations and government initiatives. The tissue viability nurse specialist (TVNS) evolved as a result of the need for expert knowledge in the care of patients with compromised tissue integrity (Flanagan, 1998). *Objectives:* A qualitative study utilising action research and critical social science was undertaken to examine nurses' perceptions and understanding of the TVNS working in an acute NHS Trust in greater Glasgow. Data was collected through unstructured focus group discussion and three unstructured interviews. *Results:* Thematic analysis of the data identified 12 core themes. The themes were both positive and negative but reflected what the nurses' perceived and understood of the TVNS role and the rationale for utilising the service. The findings highlighted that the participants generally had a good awareness of the role of the TVNS, which they perceived as the provision of expert advice and direct patient care. The study also highlighted that the level of the nurse's tissue viability knowledge influenced the level of support required by the TVNS. *Conclusions:* The TVNS was considered to be of value but further investigation was required, which would assist in the evaluation of service provision and changes in practice. *Conflict of interest:* None.

KEY WORDS

Clinical nurse specialist
Tissue viability nurse specialist
Qualitative research
Action research

Changes within the National Health Service (NHS) structure have resulted in nursing practice becoming increasingly diverse with the emergence of roles such as the clinical nurse specialist (CNS) (Daly and Carnwell, 2003). The tissue viability nurse specialist (TVNS) evolved as a result of the need for expert knowledge to assist in the care of patients with compromised tissue integrity (Flanagan, 1998a). The roles of the CNS have continued to develop as they provide a valuable contribution to patient care (Department of Health [DoH], 2000).

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However, these changing roles have also resulted in confusion about role title, the level of practice and knowledge, and autonomy. In turn, this has led to ambiguity in the perception of advanced roles between generalist nurses and CNSs (Castledine, 2001). Using focus groups and interviews with nurses in an acute NHS trust in greater Glasgow, this study explores the way in which generalist nurses perceive the role of the TVNS.

Background

There is an abundance of published work relating to the development and role of the CNS and TVNS, but there is limited evidence relating to the nurse's perception and understanding of this role, with the majority of the literature being qualitative in method. The terms CNS and TVNS are used interchangeably for the purpose of this article.

The idea of the CNS is not new – the concept was first described in terms of the 'nurse clinician' by Reiter in 1943 (Reiter 1966, cited in Bousfield, 1997). The role was implemented into the USA's healthcare settings in the 1950s, and Canada's in the 1960s (Bousfield, 1997). However, the introduction of the CNS role into the UK was gradual, despite a structure being created for nursing management that included roles combining clinical and managerial competence (Ministry of Health, Scottish Home and Health Department, 1966). Although the structure was defined for nursing management, Friend (1979) found that career progression in clinical nursing was inhibited because of the lack of appropriate education and training for nurses in senior positions. There was a need for more clinically-based senior nurses with wider responsibilities who could act as facilitators and leaders.

However, as new functions and responsibilities have been developed by nurses, the role of the nurse has continued to change and evolve. Castledine (1995) found it difficult to specify exactly when specialist nursing began in the UK, but it is evident in the literature that the 1980s saw the emergence of the CNS (including TVNS) role (Castledine, 1996; Flanagan, 1996; McGee et al, 1996).

The role of the CNS has continued to evolve over time, and they are now

regarded as highly specialised personnel who provide expert practice (Sechrist, 1998). The role requires a level of knowledge and skill in a particular aspect of nursing that is greater than that acquired during the course of basic nurse education (International Council of Nurses, 1987).

The role and number of TVNSs in the UK has continued to rise to approximately 500 since the mid-1980s (Finnie, 2004). The role initially developed due to the mismanagement of patients with wounds, which was both expensive and damaging (Fletcher, 1995), as well as a response to the changing boundaries between the roles of the medical and nursing professions (Dowling et al, 1995; Greenhalgh Report, 1995).

The TVNS role has developed to include all aspects of tissue viability, including:
▶ The management of patients with acute and chronic wounds
▶ The preservation of healthy tissues in patients, and the prevention and management of patients with tissue damage (Flanagan, 1996).

Flanagan (1996) also highlights that the TVNS often has a diverse client group and a variety of responsibilities across an organisation.

While it is acknowledged that CNSs in the UK have expertise in a particular speciality, it is evident that there are few registered professional or educational pathways to support and develop their role, whereas the CNS in the USA will have a Master's degree, possess clinical expertise and be listed on a professional register (Nuccio et al, 1993). However, what is evident is that, irrespective of educational qualifications, the components of the CNS/TVNS role are complex and encompass direct and indirect care. Storr (1988) proposed five sub-roles, which are most commonly believed to encompass the TVNS role. These are:
▶ Practitioner
▶ Educator
▶ Consultant

▶ Researcher
▶ Change agent.

A generic job description by Tocher (2003) outlined key areas necessary for the role of TVNS, namely; leadership, professional practice, clinical problem-solving, teamwork, reflective practice and empowerment.

The fundamental theme that flows through the majority of published literature is that the CNS's main role is that of communicator-carer and provider of education to other healthcare professionals. However, conflict and misunderstanding are frequently cited as barriers to care delivery, as there appears to be a lack of perception and understanding of the CNS role from both nursing and medical staff.

The role requires a level of knowledge and skill in a particular aspect of nursing that is greater than that acquired during the course of basic nurse education (International Council of Nurses, 1987).

The literature highlights the positive attributes of the CNS role but it fails to explore adequately the perception and understanding of this role from the medical, general nurse's and patient's standpoint and how this affects practice and relationships. The confusion could, in part, be due to the proliferation of roles, lack of professional regulation of higher level practice, and a weak clinical career framework for nurses in the UK. The blurring of professional boundaries also causes confusion, resulting in an ambiguity around roles such as the TVNS.

This issue is not new, and the debate surrounding specialist practice has progressed since the mid-nineties (Castledine, 1997) with no definitive outcome. Longley et al (2004) highlight that policy drivers and the varying

approaches to the development of the NHS in the devolved governments of the UK have influenced the evolution of specialisation in nursing. They also state that the Nursing and Midwifery Council (NMC) must ensure that patients and the public are protected and innovation in health care is not stifled.

While the above developments are valuable, gaining a greater insight into the generalist nurse's understanding and perception of the CNS role is essential to assist in a more cohesive approach to patient care. This would allow the CNS to work within the sub-roles, as suggested by Storr (1988), achieve measurable objective outcomes and facilitate the generalist nurse's development.

The majority of published literature utilises a qualitative approach, which assists in gaining a depth of understanding of this subject. However, there is a lack of published evaluative work on how the role of the CNS affects patient outcomes.

The study
The following study was carried out in an endeavour to discover nurse's perceptions and understanding of the TVNS working in an acute NHS trust. The aims were:
1. To develop a critical overview of the nurse's understanding of the role of the TVNS in an acute NHS trust
2. To develop a critical appreciation of the influences that affect nurses' decisions to utilise the TVNS in an acute NHS trust.

Methodology
Action research and critical social science adopting a qualitative perspective were utilised for this study. The rationale for utilising these methods is that they are problem-focused and context specific, aiming at collaborative involvement and improvement from all involved in the research process (Hart and Bond, 1996). The first two phases of the action research cycle (Elliot, 1982, *Figure 1* in Robson, 2000) underpinned the study.

Participants

The sample for this study was drawn from an acute NHS trust. Participants were purposefully selected from the medical and surgical services.

People invited to participate in the study were ward-based senior nurses (including link nurses), with five or more years' experience, and ward-based registered nurses (including link nurses) with five years' experience or less, who had an appreciation of tissue viability (TV) matters and the TV service, but little experience or knowledge of the TVNS role (*Table 1*).

Data collection

Focus groups were identified as the most suitable data collection method to critically analyse this subject area (Stewart and Shamdasani, 1990), as they allowed participants to express thoughts, feelings and behaviours freely (Morrison and Peoples, 1999).

It was anticipated that two homogenous groups would be used for this study, as this allowed for collaboration and reciprocity between participants, researcher and groups. Unfortunately, due to time constraints of the study, and the varying shift patterns of the participants, it was not possible to negotiate a suitable time for everyone to attend a focus group. Therefore, it was decided to conduct one focus group discussion and three unstructured interviews with participants who were unable to attend the focus group.

Due to the participatory, reciprocal nature of action research, it was felt that the unstructured interview would support the data collected through the focus group, as it is seen to be a 'conversation with purpose' (Silverman, 1997) that assists in the discovery and exploration of a specific topic (Clarke, 1999). An introductory statement of, 'I am interested in learning about what you perceive and understand of the role of the TVNS' was presented to both focus groups and interview participants.

Ethics

Ethical approval was gained through the submission of a research proposal to the Universities Ethics Committee and the submission of the Central Office for Research Ethics Committee's (COREC) (2004) form to the NHS Trust ethics committee.

> **It was anticipated that two homogenous groups would be used for this study, as this allowed for collaboration and reciprocity between participants, researcher and groups.**

Data analysis

An abridged version of Burnard's (1991) 14-stage method of qualitative data analysis (*Table 2*) was utilised for this study, as it allowed the researcher to produce a detailed systematic approach to recording themes and issues pertaining to this project. The 14-stage method was abridged as it was felt that all of the stages did not fully reflect the data analysis process conducted in this study.

The discussions were transcribed verbatim and returned to individual participants to verify that the discussions were a true representation of the event (Jackson, 1998). None of the participants challenged the content of the transcripts.

Thematic analysis of each transcript was conducted as it was a systematic way of measuring and analysing the occurrence and intensity of phrases, words and sentences (Mays and Pope, 1997; Burns and Grove, 2000). Each transcript was then compared and cross-referenced between interviews and focus groups (Patton, 2002). This allowed for the development of insight into the process, and the theoretical ideas emerging (Creswell, 1998; Burns and Grove, 2000). Themes were manually coded and grouped together. Both positive and negative themes were included as this reflected the nurse's perceptions and understanding of the TVNS and the rationale for utilising the TVNS.

Findings and discussion

Analysis of the focus group and interviews resulted in the emergence of 12 themes (*Table 3*), which reflected the two main aims of the research.

The results of this study highlighted that the participants generally had a good perception and understanding of the role of the TVNS in an acute NHS trust. This could have been attributed to the fact that they were experienced nurses who worked in clinical areas, who, due to the nature of their patient group, required an increased awareness of tissue viability matters. Although the research aims and the five sub-roles of the CNS (Storr, 1988) were not explicitly presented in the focus group or interviews, when referring back to the aims it was feasible to link the emergent 12 categories directly to them (*Tables 4 and 5*).

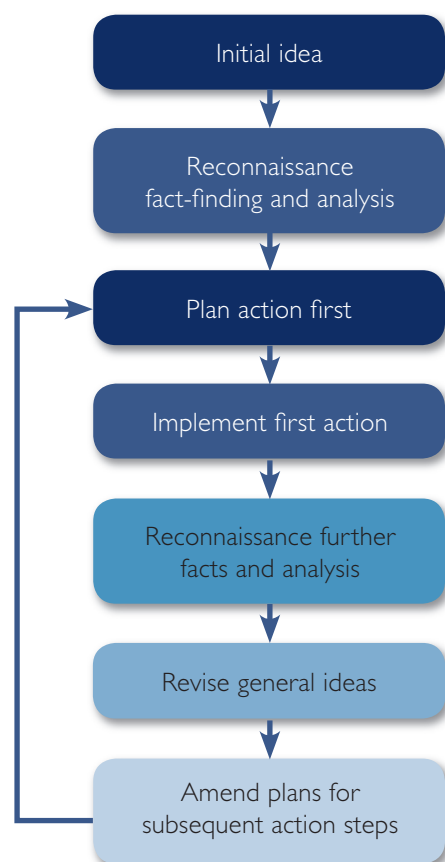Although the 12 themes reflect what the nurses perceived and

Figure 1. The action research cycle (Elliott, 1982 cited in Robson, 2000).

Table 1.
Participants' demographics

Participants	Clinical area	Years registered	Knowledge of tissue viability and tissue viability service
FG 1	Stroke rehabilitation	8	Adequate
FG 2	Medicine	15	Very good
FG 3	Medicine for the elderly	35	Good
FG 4	Medicine	10	Adequate
INT 1	Acute general surgical	5	Good
INT 2	Medicine	2	Very good
INT 3	Medicine for the elderly	12	Very good

understood of the role of the TVNS, there was some overlap between the themes. For the purpose of this discussion, certain themes will be grouped together to ensure that there is no repetition and the discussion is not taken out of context. The themes will be presented as outlined below:

▸ Role perception, referral, expectations and service
▸ Ward knowledge and justification of treatment
▸ Medics
▸ De-skilling and challenges
▸ Link nurse, resource folders and study days.

Role perception, referral, expectations and service
The participants believed that the main constituents of the role of the TVNS were that of providing clinical expertise and direct patient care. Comments included:

I think that I would assume patient referral is the biggest workload (Participant FG2).

It was just basically hands on procedural work (Participant INT 1).

This perception that the role of the TVNS is to provide direct patient care and clinical expertise is evident in the literature (Bousfield, 1997; Bamford and Gibson, 2000; McCreaddie, 2001; Armstrong et al, 2002), and concurs with the view that it is expert knowledge and skills that the clinical staff required when they referred to

the CNS. Participants did refer to the other constituents of the TVNS role but not as explicitly as that of provider of direct care.

Estes and Hart (1993) believe that the CNS role is complex and it could be argued this complexity resulted in the lack of perception on behalf of the participants.

Other participants believed that lack of insight into the complex nature of the TVNS could have an impact on expectations, particularly following referral as this participant highlighted:

I think a lot of folk expect that when they phone or make a referral that the person will get seen the next day or whatever. Well it might not be the case if they're covering X amount of beds or they are not in the hospital today, but I think sometimes there maybe a problem with that (Participant FG1).

The lack of clarity in the expectations of both the generalist nurse and the CNS can result in role ambiguity, frustration and confusion for both the CNS and his/her colleagues (Glen and Waddington, 1998; Armstrong et al, 2002). Jack et al (2004) agreed with this perception, as a number of participants in their study felt that irregular contact and unrealistic expectations of the CNS caused dissatisfaction among staff and were potentially disadvantageous for patient care.

However, although one participant in the authors' study expressed a similar view, the majority emphasised that even if contact was irregular and the TVNS was unavailable, communication with them via the telephone provided a positive influence and alleviated anxieties. The participants felt that while they did not require the input of the TVNS all the time, they believed it to be an invaluable service:
I wouldn't like not to have the service, put it that way, because it benefits us (Participant INT 3).

Table 2.
Preparation and method of analysis

Stage one	Notes written during and after each discussion
Stage two	Transcripts transcribed verbatim. Returned to participants for validation of authenticity. Audiotapes and transcripts reviewed. Emerging themes noted
Stage three	Contexts of the transcripts are manually cut and grouped into emerging themes
Stage four	Positive and negative themes grouped together under high order headings
Stage five	Themes grouped together and full transcripts collated for writing up the findings. Themes reviewed
Stage six	Commence results chapter offering commentary from transcripts. Referring back to original transcripts to ensure context and inferences are true to the original meaning
Stage seven	Discussion chapter cross-referenced to research aims
Stage eight	Results discussed and cross-referenced to published literature
Stage nine	Analysing variances and offering alternative thoughts

Table 3.
Emergent themes

Themes	Key phrases and words
Role perception	Assist, advice, gives information, hands on, specialist back-up. Audit, prevalence, quality, budget
Referral	Out of your depth, unsure, stuck, sharing knowledge, out of my clinical scope
Medics	Now aware of, hands off, not hot, changing
Link nurse	Link system, filter effect, sources of information
Justification for treatment	Rationale, forefront of, up to date information, products in action, justify your actions
Expectation	Time factor, frustrated, accessible
Ward knowledge	Confident, pretty good, clued up
Service	Fall back, more people, confidence
Study days	Filtering down, increase awareness, knowledge base and information
Challenges	Not bothered, lack of confidence, ideal world, accountability
Resource folders	Written information, up-to-date information, informal, formal, disseminate
De-skilling	Working together, enhancing, aid us, joint decision, team

Table 4.
Emergent themes and research aims

Perception and understanding of the TVNS role	What influences the nurse's decision to utilise the TVNS
Role perception	Ward knowledge
De-skilling	Medics
	Link nurses
	Justification of treatment
	Referral
Study days	Resource folders

She does give time, she gives information, gives encouragement (Participant INT 1).

Ward knowledge and justification of treatment
The participants acknowledged that they and their colleagues were generally confident when dealing with patients with tissue viability issues. However, it was evident that the TVNS role was perceived to be a specialist and expert resource that provided reassurance to clinical staff about their practice and treatment regimens:

I think she's there to give support as well. It's very important that you have support from a higher authority to justify exactly what you are doing (Participant INT 3).

Bamford and Gibson's (2000) study supports this perception, finding that the key components of the CNS's clinical role were providing support to staff, follow-up care and symptom management. Another participant in the authors' study supported this perception:

I think sometimes you need a bit of extra help if it is something out of the ordinary. Also from the point of view of having patients with long-term wounds that we are just not managing to heal, they can provide a fresh look (Participant INT 2).

Flanagan's (1998b) study reinforced this, but suggested that the TVNS provided a more facilitative approach to practice when giving support to colleagues than other more traditional approaches to care delivery. This was seen to be of benefit, as it assisted in influencing change and enhancing job satisfaction.

One participant in the authors' study conveyed similar views to Flanagan (1998b) and Bousfield (1997), stating:

Assist is a good word as well, influence and assist, because of her experience and knowledge base (Participant INT 1).

Jack et al (2004) uses the word advocacy rather than assistance, specifically if the CNS was providing support and assisting colleagues' decision-making. The role of mediator and professional ally was also seen to be of benefit. This perception is also evident in the authors' study, as one participant highlighted:

It has to come through the line manager as well. So we have to truthfully write down and give some kind of budget, why we need something, and she is our back up (Participant INT 1).

The role of specialist and expert resource were seen to be of paramount importance, particularly when nurses were seeking reassurance about initiating treatment regimens and attempting to initiate non-formulary treatments.

It could be suggested that such roles are inextricably linked with the clinical advisory components of the TVNS role. It must be acknowledged that while clinical nursing staff were generally the main communicators with the TVNS, other members of the multidisciplinary team also utilise the service. Participants saw the issue of medical staff, their knowledge base and their rationale for utilising the TVNS, as a particular challenge.

Medics
The participants in this study suggested that medical staff appeared to lack tissue viability knowledge and insight into the ward staff's knowledge:

I think a lot of medics will admit that they're not hot on tissue viability, that even goes from SHOs up sometimes (Participant INT 3).

There is minimal evidence to support this perception, however, although McCreaddie (2001) stated that conflict frequently occurred when there was a misunderstanding between the TVNS and medical staff. Flanagan

Table 5.
Emergent themes and CNS sub-roles (Storr, 1988)

Practitioner	Consultant	Educator	Researcher	Change agent
Role perception	Medics	Link nurse	Other roles	Other roles
Expectations	Justification for treatment	Study days		
Service	Referral	Resource folders		
	Ward knowledge			
	De-skilling			
	Constraints			

(1998b) found that consultants who did not recognise their lack of tissue viability knowledge could make nurses feel threatened. One participant in the authors' study supported this:

They tend to think, oh tissue viability, but they don't give credence to what you're doing...I don't think they trust that we're being educated enough, they don't think we're progressing, they just don't see it and I don't think they understand it (Participant FG3).

However, one participant suggested that the medical staff sought the advice of the TVNS because they were looking for the best care for the patient (INT 2). When attempting to determine how this issue could be improved, it was felt that the medical staff's attitude was changing, as this participant highlighted:

I think, up to a point, it's actually changing now because they know that they're not there to see the wound all the time (Participant INT 1).

The role conflict expressed by previous authors (Bousfield, 1997; Flanagan, 1998b; McCreaddie, 2001) was not evident in this study, but it could be that this was due to the differing working relationships between medics and ward staff and medics and TVNSs.

De-skilling and challenges
The participants did not perceive that the TVNS de-skilled them as nurses,

but rather was seen to enhance and empower care.

I think that a lot of other members of staff would feel that she is there to aid us along, also to assist us along with what we are trying to do (Participant, FG2).

This perception is in direct contrast to some of the literature that suggested that the CNS role has the potential to de-skill by removing areas of practice, thus reducing the nurse's ability to perform generic skills (McGee et al 1996; Marshall and Luffingham, 1998). Although participants in the current study believed the TVNS had a positive influence on care and empowered them in their decision-making, it became apparent that not all of their colleagues utilised the TVNS in the most appropriate way:

I've got to say, I do think the tissue viability specialist nurse can be an excuse for some people to think, 'Oh, I can't be bothered looking up what she's written for this dressing, we'll just get the tissue viability nurse' (Participant FG3).

It was suggested by Jack et al (2004) and Mytton and Adams (2003) that rather than becoming de-skilled, nurses may devolve responsibility to the CNS and 'pass the buck' or 'take a back seat'. It was believed that this attitude was influenced by the behaviour of the CNS, particularly if they attempted to take over patient

care, or the nurse felt threatened and undervalued.

The focus group participants discussed the issue of interest in tissue viability in more detail, and believed that colleagues who did not have an interest in tissue viability were more likely to refer to the TVNS rather than use their own clinical judgement, or seek advice from the link nurse. It was also suggested that this lack of interest could result in inappropriate treatments being used. However, as one participant stated:

They don't have to be bothered because the information's there (Participant FG2).

The perception was that nurses often did not know what they were accountable for, resulting in inappropriate referrals to the TVNS. However, it was suggested that the provision of education through the link nurse could enhance tissue viability awareness.

Link nurse, resource folders and study days
The role of educator was seen to be a particularly important area of the TVNS's work, specifically in relation to the link nurse, as they were seen to be pivotal in disseminating information to ward-based staff:

The link nurse hopefully comes back to the ward and sort of relays the information she's got…any ideas for the ward, a lot of ideas, then passes this on (Participant FG2).

This method of delivering education was seen to narrow the theory-practice gap (Collins and Roberts, 1996) and provided a sound basis for nurses to base their practice on (Tinley, 2000).

The feedback from link nurse study days was generally through informal discussion with colleagues. Information was collated in a resource folder and was available to ward nurses if the link nurse was not available. Chin (1990) believed

that imparting knowledge through this method could motivate nurses. However, it was not clear how often the ward staff understood the knowledge, or utilised the resource folder rather than referring patients to the TVNS.

The provision of education was not limited to the link nurse, as one participant highlighted:

*Everybody, all levels of nurses, go to study days, whether you're the Sister, the staff nurse or the auxiliary (*Participant FG1).

The study days increased awareness and improved the knowledge base of nurses, as did the education provided by the TVNS at ward level. The main challenge faced by the nurses was getting released from the ward to attend study days, as they frequently cited that workload and staffing levels influenced attendance. This was echoed by Ibbotson (1999) who also found that maintaining link nurses who had more than one link nurse role, proved challenging and often failed.

Education was provided by the TVNS both informally at ward level, and formally through the link nurse and study days. The participants believed this to be of value, but it was unclear whether the information disseminated was utilised regularly or influenced patient outcomes.

Summary of discussion
The over-arching findings were that the participants generally had a good understanding of the role of the TVNS. They highlighted the benefits and challenges of having such a role in their NHS trust and had a good discussion about when and why the TVNS was utilised.

The participants were not able to define the researcher and change agent roles as clearly as the other roles. It was not clear why, but it could be suggested that this was due to the role ambiguity discussed previously. The change agent role

was less defined than the researcher role, but when suggesting specific treatments the TVNS was seen to be an influencer. It could be assumed that the change agent role is an integral part of the practitioner/consultant role and, therefore, not as overt as the other, more defined facets of the TVNS's work.

Limitations of the study
The validity of qualitative research has frequently been challenged due to its lack of transferability, authenticity and credibility (Hope and Waterman, 2003), and the debate about how knowledge is legitimised continues (Tobin and Begley, 2003).

Nursing as a profession continues to evolve through the development and acquisition of higher levels of knowledge and skills.

In action research, it is suggested that trustworthiness can be established through the presentation of a logical unbiased discussion, which demonstrates rigour and thoroughness (Robson, 2000). While it is acknowledged that this study has attempted to do this, it must be recognised that the participatory nature of the data collection strategies could have influenced the credibility of the findings.

Jackson (1998) states that the uniqueness of focus groups can limit generalisability. Badger (2000) echoes a similar view, pertaining to the positivist view of research, which suggests that to increase the generalisability of research, large experimental methods are necessary.

The views expressed by participants in this study may not reflect the perceptions of nurses in other NHS trusts. However, the themes that emerged from the focus group reflected those of the individual

Key Points

▸▸ Participants in this study generally had a good understanding of the role of the tissue viability nurse specialist (TVNS).

▸▸ Participants were less able to define the non-clinical aspects of the TVNS role.

▸▸ Participants valued the expert knowledge of the TVNS.

▸▸ National guidance and regulation is necessary for advancing practice roles.

interviews, and are supported by findings from other studies (Bousefield, 1997; Armstrong et al, 2002). This, therefore, could enhance the generalisability and transferability of the study.

Implications for nursing practice and research
Nursing as a profession continues to evolve through the development and acquisition of higher levels of knowledge and skills. This development has resulted in the proliferation of advanced roles, such as the TVNS. The impetus for the creation of such roles has come from organisational changes in the NHS and the belief that such roles can enhance care delivery (Daly and Carnwell, 2003). The support for such roles is not in doubt, but confusion continues in relation to role title, level of autonomy, working boundaries and preparation for practice (Castledine, 1995). Titles such as CNS and TVNS have also been used with minimal appreciation, or understanding of, how practice differs between varying posts (Castledine, 2001).

The implications for nursing practice are two-fold. Guidance and regulation for advancing nursing roles must be strategically driven by government and governing bodies.

This will ensure equity and parity across boundaries, which will assist in reducing the role ambiguity currently experienced. This should also allow the TVNS to act as a consultant who influences and empowers practice. This can only serve to improve patient care and the working environment. **W**UK

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