

NURSE PRACTITIONER/ ADVANCED PRACTICE NURSING ROLES IN TAIWAN

The Current Issues in Advanced Nursing Practice in Taiwan

Education/Practice Subgroup of the International Nurse
Practitioner/Advanced Practice Nursing Network

by

Chiu-Hui Chen, Nurse Practitioner, Taiwan

To discuss the issues in advanced nursing practice in Taiwan has to begin with clarification of a term. Owing to the difference of language, the term nurse practitioner is not used in Taiwan. Alternatively, the term clinical nurse specialist has been officially adopted by the National Association of Nursing and the government of Taiwan. Therefore, in the following discussions, the term clinical nurse specialist will be used instead of nurse practitioner.

Furthermore, the problem of lack of research study in Taiwan in the area of advanced nursing practice has hampered the author to present an insightful look at this subject based completely from scientific evidence. Some of the information provided here will be drawn from personal experiences and anecdotes. Finally, although both midwives and nurse anesthetists have existed in Taiwan for decades, they are not considered as expanded roles of advanced nursing practice in Taiwan. Therefore, the discussion will be focused primarily on the practice of the clinical nurse specialists in Taiwan.

The role regarding the advanced nursing practice first emerged in Taiwan in 1994. Three nurses were posted to be clinical nurse specialists who were responsible for the direct care for patients after cardiovascular surgery in a private medical center. Since then there has been an increasing number of nurses involving in this role in different specialties (. & . , 1998). The term advanced nursing practice appeared then and had drawn a considerable attention from nursing professionals in the following years. Several factors including empowerment of health consumers, reform of health care in 1995, shortage of resident physicians, improvement of nursing education, and influence of global information on nursing profession in Taiwan have contributed to this movement.

The only study to investigate the current status of clinical nurse specialists and physician assistants in Taiwan reported that 43 out of the 89 hospitals in the study have employed either clinical nurse specialists or physician assistants (Lu et al 1999). Although the number of the clinical nurse specialist in the health agencies in Taiwan is unknown, it is assumed that 600 of the members are needed in the near future, reported this study. The rapid growth of this role is clearly seen in the hospital

where the author is working currently. The number of the clinical nurse specialist with subroles of direct caregiver, educator, and coordinator has increased from 3 in 1995 to 28 in 2001.

A blended-role advanced practice nurse is said to combine both the functions of the nurse practitioner and clinical nurse specialist. It seems that the clinical nurse specialist in Taiwan has been developed in consistent with this role. However, it is noteworthy that more than 95% of the clinical nurse specialists in Taiwan are working with physicians in hospital settings (Lu et al, 1999). It is different from North America where a blended role advanced practice nurses are practicing in both hospital settings and in primary ambulatory care units.

With regard to the fields of practice, the researchers in Taiwan discovered that the clinical nurse specialists are working in a wide ranges of specialties from general medicine to mental health. Yet general medical wards and surgical wards are the most common areas of practice. This result is different from the study in England where accident and emergency, night duty, paediatrics, and orthopaedics are the most common areas of practice for the nurse practitioners (McGee, Castleding & Brown, 1996).

Abundant evidence in the western countries has demonstrated the benefit of advanced nursing practice to the quality of health care (Brown & Grime, 1995, Ritz et al, 2000, Wilson-Barnett et al, 2000). In Taiwan, however, no research has been performed to examine the issue. Even so, many nursing managers claimed that the clinical nurse specialists have had positive contribution to the quality of health care (., 199, ., 1999, . et al 1999). They also believed that other health providers including physicians have concurred with their statement.

A survey to 125 attendance in a symposium including nursing managers, clinical nurses and nursing educators done by the author in August 2000 showed that more than 40% of the audience are very interested in the issues related to the advanced nursing practice (Chen, 2000). Another 40% of the respondents are moderately interested in the issues. This result indicated that, among the nursing professionals, there is a high demand for the understanding of the advanced nursing practice and its expanded roles.

Four months after the symposium, the government of Taiwan finally approved the legislation in practice of the clinical nurse specialist in health system in December 2000. In the past years, there had been many nurses who were reluctant to work in this capacity as it was considered as illegal. The nurses who are practicing as a clinical nurse specialist were struggling with their professional identity. The removal of the legal and legislative obstacle undoubtedly will enhance the movement of advanced nursing practice.

The development of the advanced nursing practice is now booming in Taiwan. However, several critical issues remained unsolved. First, it is true that the number of the clinical nurse specialist has dramatically increased in recent years. The concept and potential of the advanced nursing practice have not been fully recognized by the current nursing leaders and other health colleagues. Many of them still believed that the practice of the nurse practitioners is based on medical model and, therefore, opposed its development. Others designed the role to meet the needs of individual organizations. The confusion has created a problem of lack of consensus between nursing managers. This leads to the second issue, diverse definitions and job descriptions of the clinical nurse specialist in Taiwan.

The diversity of role definition which varies from institution to institution has been discussed in the literature in other countries (McGee, 1997) The interference of medical establishment with the nursing profession is also not an exceptional problem in Taiwan. Both issues have raised a great deal of concern by the nursing professionals in several countries (Ray & Hardin, 1995, Sutton, 1995, Castledine, 1997). Added to the dominant role of male in Asian countries and traditionally influential position of physicians in Chinese society, it is not surprising to find that the job description of the clinical nurse specialists has been designed to focus mostly on medical procedures in order to satisfy the needs of doctors rather than those of patients.

In general, the job description of the clinical nurse specialist in Taiwan is divided into three main parts, which are direct patient care, medical interventions, and nursing profession (, & ., 1998, . & ., 1999). Lu and others (Lu et al, 1999) in their study concluded that the clinical nurse specialists have spent more time in providing nursing care compared with physician assistants. Yet from personal view, after

detailed studying the data, it can be found that, in fact, there is no significant difference between the clinical nurse specialists and physician assistants in their job description.

A report to describe the daily activity of the clinical nurse specialists in a national medical center disclosed that medical matters such as ward round with attending physicians, prescribing order under the supervision of physicians, collecting and reporting laboratory data and imaging results, and attending medical conference have occupied more than 50% of their time (. & ., 1999). Moreover, there has been found that more than 50% of the clinical nurse specialists in Taiwan are governed by medical department (Lu et al 1999).

The clinical nurse specialists are, therefore, frequently considered as redundant by nursing managers or viewed as the handmaids of physicians, who practice medicine without a license. The latter has become a recurrent accusation made toward the clinical nurse specialists in Taiwan. Castledine (1997) stated that *“the use of the term ‘nurse practitioner’ to refer to nurses who have taken on new functions specifically related to medical knowledge and medical tasks is an abuse of the term”*. Unfortunately, under the political power of the physicians, the abuse of this term has become a common event in the health organization in Taiwan.

Third, the national definition and standards of education of the clinical nurse specialists have not been developed. The importance of education for the roles of advanced nursing practice has been highlighted by several professionals (Knowles & Kearney, 1998, Rolfe, 1998). There is an agreement in which the roles of advanced nursing practice should base on postgraduate education (Ray & Hardin, 1996). However, in Taiwan, the majority of the clinical nurse specialists are either junior college graduate with four years of clinical experiences or bachelor degree with two years of clinical experiences.

Short-term hospital-based continuing education courses have been remained the only way of preparing these specialists from any nursing background. In order to meet the medical needs, the educational program in preparing the clinical nurse specialists has been designed to focus on medical knowledge and technical skills by individual hospitals. The aim of an advanced practice nurse is to provide a holistic nursing care while using medical protocol (Geier, 1999). To achieve this goal nurses

required not only the extensive knowledge and skills related to medical aspect but also an in-depth understanding of nursing paradigms (Sutton, 1995). Additionally, the knowledge of theory and practice which enables the specialists to exhibit a high level of problem solving and leadership is emphasized (Wings, 1999). There are definite doubts whether the clinical nurse specialists can be fully equipped with a medical-focused educational program.

Furthermore, without clear standards for entry-level and specialty preparation, nurses in Taiwan have felt free to call themselves specialists and use a variety of titles loosely. The credit of the advanced practice nurses in developing countries due to their inadequate educational preparation has been questioned by nursing professionals (Stark, Nair, & Shigeru, 1999). As Kamajian and others (1999) addressed that it is vital to establish a process of certificate, license, and credentialing for the roles of advanced practice nurses in order to ensure the minimum competency standards that are required to provide an safe and effective care to their clients. The absence of these processes, apparently, have placed the people in Taiwan in a dangerous situation where the quality of health care provided by the clinical nurse specialist is uncertain.

The development of advanced nursing practice has offered a great opportunity for the nurses in Taiwan to reconsider the true meaning of nursing and the way we provide it. Shall we just follow the traditional path working as a passive role in the health system or shall we take the challenges addressed above and go for this global trend? If the latter is our answer, a reconstruction of professional advanced structure, radical reformation of educational system, and innovation of clinical practice care will be inevitable. If this accomplished, it will be only a matter of time when we can provide a better quality of nursing care to the people in Taiwan and promote our professional position in this society.

Reference

- Castledine G. (1997) Framework for a clinical career structure in nursing, *British Journal of Nursing*, 6(5), p. 264-271.
- Geier W. (1999) Caring side-by side with acute care nurse practitioners, *Nursing Management*, 30(9), p. 32, 34.
- Kamajian M.F. Mitchell S.A. & Fruth R.A. (1999) Credentialing and privileging of advanced practice nurses, *AACN Clinical Issues*, 10(3), p. 316-336.
- Knowles G & Kearney N. (1998) Advancing cancer nursing practice in Europe: an overview, *European Journal Oncology Nursing*, 2(3), p. 156-161.
- MeGee P. (1997) Development of specialist and advanced practice in North America, *British Journal of Nursing*, 6(5), p. 272-274.
- McGee P, Castledine G, & Brown R (1996) A survey of specialist and advanced nursing practice in England, *British Journal of Nursing*, 5 (11), p. 682-686.
- Ray G.L. & Hardin S. (1995) Advanced practice nursing, *Nursing Management*, 26 (2) , p. 45-47.
- Ritz L.J. et al (2000) Effects of advanced nursing care on quality of life and treatment outcomes of women diagnosed with breast cancer, *Oncology Nursing Forum*, 27(6), p. 923-932.
- Rolfe G. (1998) Education for the advanced practitioner, In *Advanced Nursing Practice*, (Rolfe, G. & Fulbrook P. Ed) Oxford, Butterworth-Heinemann.
- Stark R. Nair NVK & Omi S. (1999) Nurse practitioners in developing countries: some ethical considerations, *Nursing Ethics*, 6(4), p.273-277.
- Sutton F. (1995) Advanced nursing practice: new ideas and new perspectives, *Journal of Advanced Nursing*, 21, p.1037-1043.
- Wigens L. (1998) Specialist practice and the professional project for nursing, *British Journal of Nursing*, 7(5), p. 266-269
- Wilson-Barnett J. et al (2000) Recognizing advancing nursing practice: evidence from two observational studies, *International Journal of Nursing Studies*, 37(5), p. 389-400.

Meei-Shiow Lu et al (1999) (in Chinese) The current status of clinical nurse specialists and physician assistant in Taiwan, Formosan Journal of Medicine, 3, p. 145-155.

Chinese references

Õçç& κñĎ(1999) □ś□ ˆıÊéćŕıı , Đ□κò, 9(1), p. 1119-1129.

õ□ğ(1999)ðē□ś□śĐ□ ˆıÊÛñ□ıá, Đ□κò, 9(1), p.1130-1140.

Űś□(1999) □ś□ ˆıÊ, í - uçŷıòŁđ, ıò, 30(5), p. 50-53.

õśŰ& éçŰ(1998) Đç , ĐçĐ□, 9(1), p. 69-72