



Reumatología Clínica

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Editorial

Utility of a specialized nursing department in rheumatology

Utilidad del servicio de enfermería especializada en reumatología

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Talking about rheumatology nursing today is an easier task than some years ago. Many of the rheumatology departments in the country have them, either employed by health centers, or as interns from the same units that recognize the need and prioritize their presence.

In an organization, it is especially important to divide work in accordance with the specific skills of each professional. When we do, we get a high level of satisfaction in various areas and spending is rationalized. Years ago our obsession was having rheumatologists and our efforts were skewed toward that end. Over the years we have discovered new needs for a health outcome consistent with the demands of patients and organizations.

No one disputes the need for a secretary and, today, few will continue to seek from a nurse work that can be done by a clinical assistant. Our nurses are trained, or we should train them to be able to measure 'outcomes'¹ relevant to our work, make decisions regarding patients' problems and be their point of contact before they reach the doctor, be able to perform medication checks, infuse drugs, inform patients and family, explain procedures and treatments before signing the consent, manage hotlines^{2,3} for patients at risk, as well as a variety of other tasks and clinical responsibilities.

Every profession can be achieved with a high degree of performance, provided that the demands that are requested are within the professionals' profile and the general state of health requires a strong economic performance of the invested money by professionals. In our department, as in so many others, rheumatology nurses focus on areas such as arthritis, osteoarthritis, metabolic bone disease and fibromyalgia.

Our nurses perform metrology in arthritis patients, updating the clinical database, manage medication and phones and are available to patients to answer questions and guide emergency care needs in case they need it. In addition, they program and control medication, and help unit attending physicians during when clinically requested.

They are therefore competent professionals with well-defined tasks and clear responsibilities. In the fields of metabolic bone disease, they operate densitometers, infuse drugs, manage databases and are the essential link between doctor and patient to answer questions and manage their needs. In the fibromyalgia unit, the nurse is key, the manager of the unit and coordinates the various professionals who intervene in patient care, informs patients on what the goal of their work is, is involved in educational work with patients and families, performs metrology reports on research projects and requests the participation of patients who want to be involved in clinical trials and, something vital to us, recognizes when a patient requires urgent attention due to any incident.⁴

Fortunately, a nurse is no longer bound to being a clinical assistant and if he or she has behind a patient-driven rheumatology service and is responsible of a global share of values then there will be a significant potential for career advancement, and will be able to receive from the organization, facilities for training, professional development, publication of research in an appropriate area and promotion within their organization.

Today, new services are peering at rheumatology's new needs. The "data manager" is emerging. Epidemiologists help us better understand our reality and the impact of our work. Research is being professionalized and the rheumatologist's profile itself is being diversified. We should not keep nursing outside these transformations, as can occur, and in fact consider them an ally and indispensable partner. Sometimes it is the same structure of the health care which makes these transformations. Common concepts and the use of nursing as part of a multidisciplinary approach leads them to see this nursing specialty as a new complication to add to their already difficult calculations of templates, guards and shifts. If the medical career is bureaucratic, the nursing is more still, and the changing role of professionals is often seen as a threat in specific areas such as outpatient care or day hospitals, where specialization is another factor of complexity.

The work of professionals in health care has always carried with it the need to transform the reality, because real change is always ahead of that programmed from the offices. It is therefore necessary to press on, explaining, exhausting the arguments for change that will allow our professional work managers to reach the targets pursued

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at a reasonable cost, being socially acceptable and with the greatest satisfaction to our patients and their families.

Today, the shortage of trained professionals is evident and it does not seem likely that in the coming years this problem will be solved, especially when the generation of the late seventies starts retiring and many health centers are emptied. The importation of doctors who do not fill the national requirements is nonsense that should redden the cheeks of politicians and planners. This will not occur.

No one will recognize the lack of foresight, nor will we see any resignations. Maybe we will see nurses prescribing drugs and performing queries. There are several experiences in this regard, although not what we seek or defend. We want nursing on our side, forming a team, complementing us, with well-defined tasks and the possibility of career advancement. This pipe dream is becoming a general reality. It is worth fighting for, knocking on doors, righting wrongs, viewing and anticipating the future by promoting the right decisions. Having specifically trained nurses to serve our patients and

team up with us is one of the best possible initiatives at this historic moment.^{5,6}

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