

NETWORKING

AN EVALUATIVE REPORT OF THE
PRIMARY NURSING NETWORK

BARBARA VAUGHAN • FRANCES BLACK
WITH EDITORIAL ASSISTANCE FROM J. MACGUIRE



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Thanks are also due to the project team, link members and the membership of the Primary Nursing Network itself, without whom this work could not have been undertaken.

EXECUTIVE SUMMARY

1. The Primary Nursing Network was established by the King's Fund Centre Nursing Developments Programme in 1988. Two project workers were appointed early in 1990 and an office established in the School of Nursing Studies, University of Wales College of Medicine, Cardiff.
2. A network of regional link members was set up and, by the end of 1991, there were 35 link members covering the whole of the UK.
3. Membership of the network grew steadily and was over 1000 by the end of 1992.
4. A quarterly newsletter was distributed and a quarterly supplement published by the *Nursing Times*.
5. An information database was set up in the Cardiff office which could be accessed by link members. In addition, a bibliographic database was established which included some 800 entries by the start of 1993.
6. Sixteen conferences were held during the life of the project and an introductory guide to primary nursing was published.
7. A large number of enquiries were dealt with by the central office in Cardiff and also by the regional link members.
8. Lateral contact *between* members was not established and the network functioned through the central office via the link members.
9. Both qualitative and quantitative data clearly indicated that this service was valued by the network members and acted as a focal point in assisting them in moving towards primary nursing.

10. As more members of the network established primary nursing within their clinical settings, their interest in other aspects of practice development grew, as did their need for a wider range of information. In response to this change, the scope of the Primary Nursing Network has been extended to provide a broader range of information, and the service is now known as the *Nursing Development Network*.

BACKGROUND

The Primary Nursing Network was established by the King's Fund Centre (KFC) Nursing Developments Programme in 1988. The network was intended to provide a national forum for sharing and spreading information about primary nursing in the UK.

Early in 1988, two clinically based nurses working in a primary nursing setting, Steve Ersser and Liz Tutton, had approached the director of the KFC Nursing Developments Programme for help in setting up a national network for nurses interested in primary nursing issues. The director of the programme at the time, Jane Salvage, was subsequently able to secure project money for the network from the Sainsbury Family Charitable Trust.

With such funding, a full-time project worker was appointed early in 1990, followed shortly by a project assistant, and the Primary Nursing Network office was established in the School of Nursing Studies, University of Wales College of Medicine, Cardiff.

ORIGINS OF THE PRIMARY NURSING NETWORK

Primary nursing

Primary nursing is a method for organising nursing care which has the potential to make nursing more humane and effective. The distinguishing features of primary nursing can be summarised as follows:

Each patient has a named qualified nurse, the primary nurse. The primary nurse is responsible for planning, delivering and evaluating the nursing care which the patient receives throughout his or her need for nursing.

Many issues arise from the implementation of primary nursing which need to be addressed. These include:

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- The need for primary nurses to examine their underlying philosophy of nursing.
- The development of new nursing 'roles' in the nursing team, such as primary nurse and associate nurse.
- The changes which need to occur in the ward sister's role.
- The actual process of implementing such major changes in the clinical setting.
- The personal accountability for prescribing, giving and evaluating nursing care which primary nurses hold.

The goals of the Primary Nursing Network

Two overall goals were identified when the network was first established. These were:

- To promote a critical approach to the adoption of primary nursing in the UK.
- To explore the potential of primary nursing as a means of improving patient care.

Characteristics of the Primary Nursing Network

The Primary Nursing Network was intended to encourage information exchange on primary nursing issues between its members. The following formal channels were designed to facilitate information exchange:

- Membership database
- Enquiry service
- Publications
- Conferences and study days
- Regional link members.

Membership of the Primary Nursing Network

Membership was by payment of a subscription fee. In 1988, this was £5.00. By 1992, the initial subscription had been increased to £25 (with an annual renewal fee of £10.00), in order to generate income to offset some of the running costs.

Liaison with others interested in primary nursing

It has already been stated that the Primary Nursing Network office was established in the School of Nursing Studies, University of Wales College of Medicine, Cardiff. At the time, research into aspects of primary nursing was being undertaken by researchers based in this department, and included in these research activities was a post funded from the same source as the Primary Nursing Network and overseen by the Royal College of Nursing's Professor of Nursing Research. It was anticipated that mutual support would be gained by the two project workers being placed in close proximity.

THE PRIMARY NURSING NETWORK PROJECT

The context

During the 1970s and 1980s, nursing ideologies went through a period of far-reaching change. In her analysis of the trends occurring over these two decades, Jane Salvage¹ has identified a move away from an *occupational* model of nursing practice, towards a *professional* one, and primary nursing is recognised as the model of care-giving able to incorporate many of the principles which are at the foundations of the 'professional' approach. The increased interest in primary nursing issues is well documented by the number of articles which appeared in the nursing press in recent years.²

The NHS reforms set out in the Government's White Paper *Working for Patients*³ brought with them an increased awareness of the need for accountable nursing practice. This need was further highlighted in *The Patient's Charter*⁴ and its 'named nurse' initiative. Primary nursing and the named-nurse concept share some facets of accountability. This policy initiative from the Department of Health further affected the debate concerning primary nursing as a method of work organisation, increasing the degree of interest.

Concepts of networking

Theories about the functioning of people-to-people networks have evolved following the analysis of their actual practice. According to Hine, cited in Lipnack and Stamps,⁵ there are three essential qualities of networks:

- They need to be composed of autonomous segments which are organisationally self-sufficient.
- They need to be decentralised and connected by horizontal linkages.
- There is a need for the membership to have shared values and an 'ideological bond'.

The Primary Nursing Network was structurally designed to meet the first two criteria. The third was demonstrated by the interest shown in joining the network.

Funding

The KFC Primary Nursing Network was established in 1988 as part of the Nursing Developments Programme. Funding of £250,000 was obtained from the Sainsbury Family Charitable Trust for the Primary Nursing project. This project had two prongs:

- The Primary Nursing Network, to which £186,000 was allocated.
- An Action Research project concerned with primary nursing implementation, to which the remaining £64,000 went.

The Steering Group

The Primary Nursing Network project was managed and directed by the director of the Nursing Developments Programme at the KFC. A steering group for the overall Primary Nursing project was established prior to the appointment of the project staff, and consisted of the director of the KFC Nursing Developments Programme; an academic from the field of nursing who had a specific interest in primary nursing; a nurse manager who had been involved in managing an area where primary nursing had been implemented; and two nurse practitioners who had worked in a primary nursing structure and were inaugural members of the Primary Nursing Network before it received funding.

The composition of the Steering Group changed three times over the life of the project:

- In March 1990, the project worker for the Primary Nursing Network and the research worker from the Action Research part of the project became, on appointment, part of the Steering Group.
- In September 1990, the project assistant who was appointed to the Primary Nursing Network joined the Steering Group.
- In September 1991, a new director of the KFC Nursing Developments Programme was appointed and, simultaneously, the Steering Group, which had previously been responsible for both the Primary Nursing Network and the Action Research project, divided.

Thus from September 1991, the Steering Group for the Primary Nursing Network consisted of the new programme director, the project worker and the project assistant, the researcher from the action research project and the original two nurse practitioners, both of whom had changed occupation to posts outside clinical practice. The Steering Group met quarterly to discuss the project's development, and the original guidelines are outlined below.

Aims

The purpose of the Steering Group is to guide and support the activities of the Primary Nursing project. These activities are specified in the project brief agreed by the Group, and will not be modified without the Group's full participation and agreement.

The Group also acts as a liaison mechanism between the various bodies involved in the project: the King's Fund, the University of Wales College of Medicine, Mid-Staffordshire Health Authority and the Primary Nursing Network. It will also link with the Sainsbury Family Charitable Trust, which is funding the bulk of the project.

Membership

The membership will be as follows:

- Director, Nursing Developments Programme, KFC (Chair).
- RCN Professor of Nursing Research, University of Wales College of Medicine.
- Two members of the Primary Nursing Network.
- Representative from Mid-Staffordshire Health Authority.
- Primary Nursing Network Project Worker.
- Primary Nursing Research Assistant.

Members who are unable to attend a Steering Group meeting may nominate a deputy for that occasion. Other members may be co-opted to the Group with the unanimous agreement of the members.

The project duration is three years and members are required to serve on the Group for that period, unless changing circumstances dictate otherwise.

Frequency of meetings

The group shall meet quarterly during 1990 and thereafter as often as it determines, but not less than yearly.

Annual reports

The Group shall receive and review annual reports of the project's activities. These will be forwarded to the appropriate funding bodies.

Accounts

The group shall receive and approve annual accounts of the project's finances, which will be forwarded to the funding bodies as appropriate.

Final report

The group shall assist in the preparation of a final report of the project to be produced late in 1992, when the funding expires. At that time, the group shall also make recommendations concerning the future of the project and the activities in which it is involved.

Location of the project

It was decided to locate the project office in the School of Nursing Studies at the University of Wales College of Medicine, Cardiff. The rationale for this was twofold. First, space at the KFC was at a premium. Second, it was envisaged that the university department would offer a level of support and collegueship, since it was also the department from which the Action Research project was being supervised.

STRUCTURE OF THE PRIMARY NURSING NETWORK

The Cardiff office

The Cardiff office acted as the centre of the network's administrative functions.

Link members

During the period between 1988 and March 1990, a number of people from the UK had been identified as being interested in a primary nursing network. Among these, some had indicated a willingness to play an active role in the dissemination of information about primary nursing to people in their regional areas, and the Steering Group identified them as possible regional link members.

By the autumn of 1989, 15 people had been named for this role. By September 1991, 35 link members were in place in England, Scotland, Wales and Northern Ireland. The Republic of Ireland was actively considering its place in joining the King's Fund Primary Nursing Network, and had sent a representative to a link members' meeting.

In addition to acting as regional link members, some people also undertook the role of providing specialist clinical help for network members in their clinical specialty. Hence, for example, there was a paediatric link member who also undertook responsibility for a London region. The link

member with expertise in elderly care settings also covered the South-West region of England.

The role of the link member further developed over a period of time and, by March 1991, the following role description had been drawn up:

- *To provide a regional contact for the project worker.* This should enable the effective distribution of information from the Cardiff office to regional level. It is also expected that regional link members will assist in the collection of information concerning activities connected with primary nursing, and provide a way for this information to be fed back to the project worker.
- *To arrange events on primary nursing in their region.* These events will be determined by local demand and may include such activities as workshops, skills acquisition sessions, study days and conferences aimed at either a local or national audience.
- *To establish an accessible primary nursing resource for clinical practitioners and service managers in their region.*

The Cardiff office could be likened to the hub of a wheel, with the spokes being the lines of communication to the regional link members, as illustrated in Figure 1.

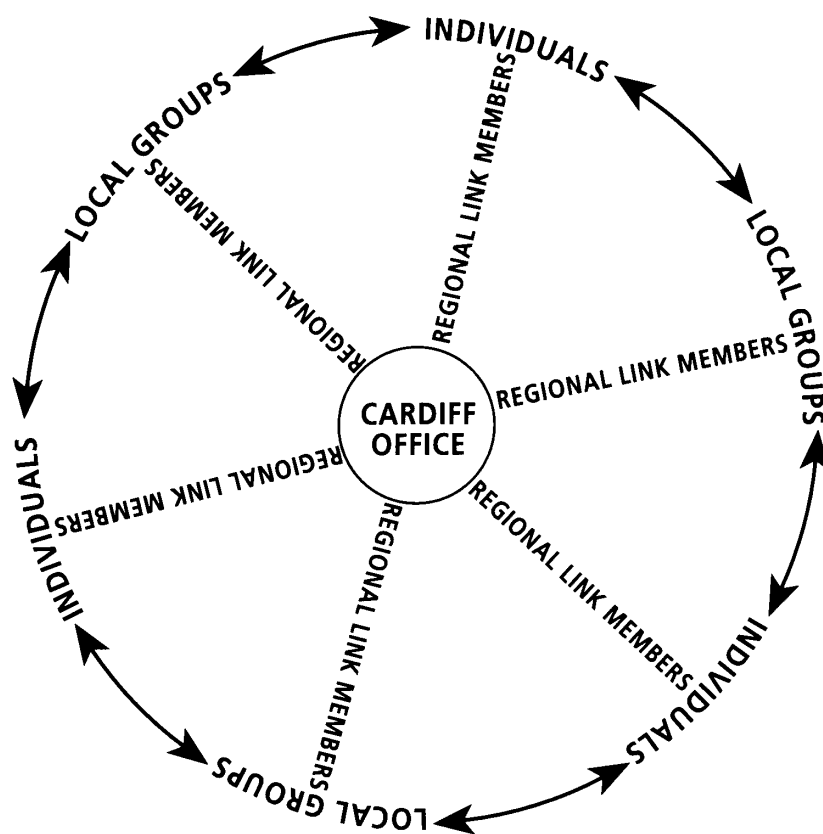


FIGURE 1 THE STRUCTURE OF THE PRIMARY NURSING NETWORK

Network membership

The network membership in December 1989 was 347 and continued to grow at a steady pace. By December 1991, membership was over 1000 and had reached 1217 early in 1993 (see Figure 2). This underestimates the number of people who were actually involved since, in most cases, it was the clinical leader of a ward who had joined the network, but the information and services were available to all team members.

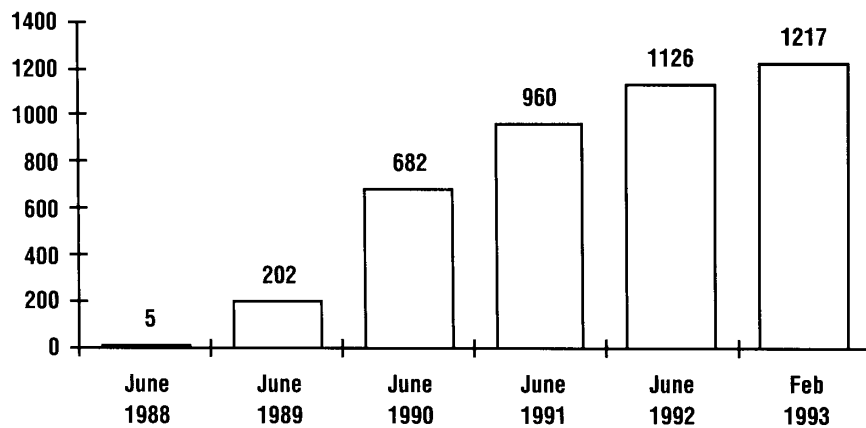


FIGURE 2 GROWTH OF THE PRIMARY NURSING NETWORK

The regional spread of network membership is shown in Figure 3, illustrating that all regions were well represented.

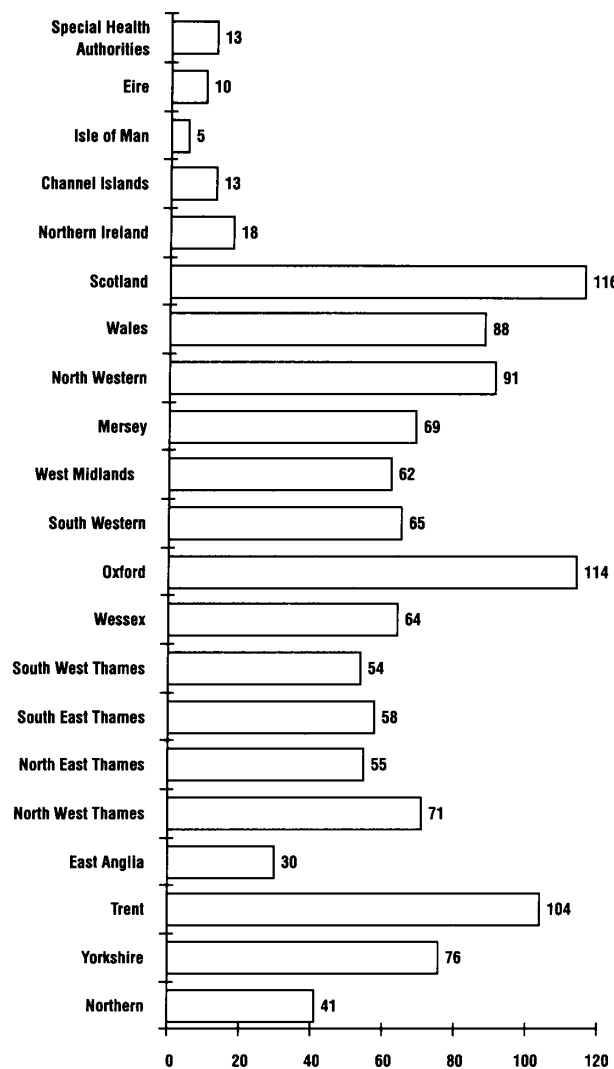


FIGURE 3 REGIONAL SPREAD OF NETWORK MEMBERS (FEB 1993)

February 1993

Venue: Kennedy Hotel, London

Objectives

- To mark the end of the Primary Nursing Network and to thank the link members for their contribution.
- To celebrate the beginning of the new Nursing Developments Network.

To some extent, the link members' meetings reflect the progress of the Primary Nursing Network itself. The role which the link members undertook was critical in helping to disseminate information, and these meetings were instrumental in providing peer support, skills acquisition and a shared ideology.

INPUT TO THE PROJECT

Input to the project can be summarised into a number of categories: finance; human resources; development work; raising the national debate; and establishing a database of information.

Finance

Four sources of funds were available to the network:

1. The original funding from the Sainsbury Family Charitable Trust.
2. The monies raised from membership subscriptions.
3. The monies earned from conferences, publications and consultations.
4. The sum of £16,000 from the Foundation of Nursing Studies, given for the publication of a text.

Human resources

The project worker and project assistant

The project worker's background was one of clinical practice, where she had been responsible for a defined caseload of patients, acting as their primary practitioner (community midwife). In addition, she had had extensive experience of organising and planning conferences and study events, and running small groups. The project assistant's previous work experience was in administration, with considerable expertise in using a computer database. Both were members of the Steering Group, were involved in setting the strategic direction of the network's activities and carried the operational responsibility.

The link members

Link members were drawn from all clinical specialties and were equally represented by practitioners, teachers and managers/researchers. Their views on the network's development were elicited through questionnaires, peer group meetings and personal contact with the project worker and project assistant.

Development work

The Steering Group members were encouraged to nurture a team identity and consider their corporate views of the place that the Primary Nursing Network had in the implementation of initiatives to support clinical nurses in service delivery. This was promoted through a workshop facilitated by the programme director in the first year of the programme.

The project worker and project assistant took part in activities which enhanced their personal and professional development, and which they considered to be important to their work tasks during the course of the project. These opportunities ranged from attending conferences to undertaking more formal educational courses designed to equip them with skills and information pertinent to their respective roles.

Development opportunities for network members were made possible through the many conferences and workshop sessions organised throughout the UK. Some of the conferences were arranged by the Primary Nursing Network in collaboration with other agencies (see Appendix 1).

Raising the national debate

In order to enhance the debate concerning primary nursing, a number of strategies were adopted. These were concerned with ensuring that both informative and critical articles appeared in the nursing journals. The project worker was the commissioning editor for a quarterly supplement on primary nursing issues published in the *Nursing Times*. A further channel used to raise the critical debate was a quarterly in-house newsletter which was circulated to network members free of charge. Articles appearing in this publication were mostly commissioned by the project worker and intended for clinical practitioners.

Network members had direct access to the information held on the databases through the project staff, free of charge. Encouraging members to obtain information on primary nursing was considered to be a way of raising the level of critical debate.

The Foundation of Nursing Studies undertook the publication costs of an extensive text on primary nursing.⁷ This was made available free of charge to network members in the autumn of 1992 and was designed to assist them in the implementation of primary nursing.

Link members were mailed a monthly bulletin with updated information concerning workshops and conferences which were being run in the UK.

Development of an information database

Central to all of the previously mentioned activities was the need to establish a computer database of primary nursing activity and literature concerning primary nursing issues.

When joining the Primary Nursing Network members were asked to supply information concerning their units, which was regularly updated. In addition to the information which was gleaned on joining the Primary Nursing Network, an extensive survey of the network membership in 1991 looked at issues such as the stage of development which network members had achieved in implementing primary nursing, the evaluation processes which they were using and the changes that were perceived to have occurred in the ward sister's role.⁸

Titles of articles and books were added to a literature database at regular intervals and, by late 1992, these numbered some 800 entries.

PROCESSES INVOLVED IN THE LIFE OF THE PROJECT

The internal dynamics which occurred during the programme's life can be described as the 'processes'. These fell into three main categories which describe the nature of the interactions that occurred:

1. Facilitation of the membership.
2. Valuing the contribution that the network members could bring to the overall success of the network.
3. Interdependency of the network members and project staff for information exchange.

These three categories will now be examined in more detail.

Facilitation

The Primary Nursing Network can be viewed as a *facilitation agency*. A major part of its function was to help members of the network promote and implement the innovation of primary nursing. Helping members to help themselves, and also to help the network, was seen as a major task. In order to achieve this, the following strategies were adopted.

- Information from the database was available, on request, directly from the project staff, cost free. In addition, the regional link members and other network members used the project staff to access expertise (e.g. running conferences, producing conference information).
- Network members were regularly requested to supply up-to-date accounts of their practices, so that the database could be compiled and regularly updated.
- Opportunities for skills acquisition were made available to the regional link members in areas which they had identified to be necessary. Network members were encouraged to attend conferences and workshops, and were offered the incentive of preferential entrance fees.

- Financial assistance was made available to the regional link members to assist with the cost of undertaking activities at regional level. The type and amount of assistance which regional link members requested was varied, and the project worker negotiated the help they needed with individual link members. An example of the help given to link members would be underwriting the cost of producing publicity materials for a regional conference. On other occasions, the Cardiff office undertook to produce and mail out such publicity. Link members were encouraged to claim expenses for travel and postage costs incurred in carrying out their link member responsibilities.

Valuing

It was the aim of the project staff to engender a sense of respect for network members and to encourage them to feel that both they, and any contribution they offered, were valued and of significance to the network. Network members were invited through the Primary Nursing Network's newsletter, and other forums, to make their ideas and needs known. Their suggestions were always discussed for inclusion into the overall strategy of the network's development.

The individual nature of each region and the need for it to determine its own local structure and events were recognised and encouraged by the project worker.

Interdependence

Information to establish the database was only available from the network members. They were relied on not only to supply it, but also to provide six-monthly updates of any change of circumstances.

Without the continuing interest in receiving the newsletter, or attending events, there would have been little point in making these resources available. It was made clear to network members that the network was theirs, and that it was crucial that they made themselves available to other network members for the network to function as a comprehensive resource.

OUTCOMES

The outcomes of the programme will be discussed in relation to the following areas:

- the structure of the Primary Nursing Network
- network activities
- the development work undertaken.

Structure of the Primary Nursing Network

Location of the Primary Nursing Network office in Cardiff presented some difficulties. The amount of travel necessary to attend events was considerable. But perhaps more of a drawback was the time it took – rail and road links in the UK are at their best in and out of London. In addition, overall management supervision for the project worker and assistant required more effort since the KFC headquarters was based in London. The network was not viewed as an academic activity by the university department in which it was placed, and little overt interest in its activities was shown.

The principle of devolved responsibility for network activities was uppermost in the way in which the actual network structure was determined. It was made clear to all regions that the activities which link members chose to undertake in fulfilling their roles were those which they deemed to be appropriate to meet the needs of interested parties in their own regions. Quite understandably, regional differences existed and it would have been inappropriate to even suggest that a structure was to be imposed on them which was centrally determined. This principle of devolved responsibility was seen to be especially important when negotiations for Scotland and Northern Ireland were first mooted.

The result of this freedom was to see different network structures developing. Scotland had a nominated link person who related directly to the project worker in Cardiff. Over a period of time, the Scottish regions identified named link people of their own, who in turn acted as resources to their regions and were encouraged to develop activities at a local level. Northern Ireland developed core groups, each with its own small committee to facilitate events in the area. This structure was determined early in the Northern Ireland

network's existence and reflected the management style which was then in place in that culture.

Within England and Wales other patterns developed. The Oxford region was facilitated by a senior manager at regional level. The structure which developed there was one which identified link people at district level, who then interfaced directly with the regional link person in much the same way that the Scottish regions interfaced with the link person for Scotland.

Thus the Primary Nursing Network sought to have a flexible approach to different areas of the UK. It was felt that this willingness to adapt as the regions requested was important if all parts of the UK were going to participate to the fullest extent possible. The right to exercise autonomy in regional activities and to be accountable for the decisions which were made, are all aspects which are reflected in the way primary nursing is itself organised in clinical settings.

Network activities

The overall activity of the network can be discussed in terms of the enquiry service, participation in national and regional events concerning primary nursing, and its output of publications.

Enquiry service

Enquiries were dealt with by the Cardiff office. On average, about 40 enquiries a month were made. A record of the nature of the enquiries was not kept; however, anecdotal recall suggests that they were in the following categories, with approximate proportions:

Information on clinical specialties	40 per cent
Requests to join the network	30 per cent
Enquiries from students regarding project work	15 per cent
Information on other units	5 per cent
Information on specific areas (e.g. cost effectiveness)	5 per cent
Requests for speakers	5 per cent

The regional link members were asked to provide some account of the number of enquiries with which they were dealing in their regions. Consideration was given to the number and nature of the enquiries, the number of events which were being planned and the perceived degree of spread of primary nursing, although it must be recognised that some of this information was based on a subjective reporting system.

Some regions seemed consistently to deal with a greater number of enquiries, and activity appeared to be higher among the link members who could incorporate this work into their other responsibilities more readily, particularly when they had access to other resources such as secretarial help. A fuller picture of their responses is to be found in Appendix 3.

Link members undertook their responsibilities in their own time and received no payment. For some, their work on behalf of the network consumed considerable amounts of time.

In order to gain further information about activities, a survey of the Primary Nursing Network membership was conducted in the autumn of 1991. There was a 40 per cent return rate of the questionnaires and in total 280 sets of data were analysed. Details of this survey are contained in Appendix 3.

National and regional events

The Primary Nursing Network was involved in a number of national conferences as listed in Appendix 1. Some of these conferences were collaborative efforts.

Regional conferences were arranged by link members and other active network members. The Primary Nursing Network's involvement in these varied considerably. In some cases, it provided a consultancy service, giving expertise in actually setting up a conference; in others, the project worker undertook to speak at conferences or to chair the event. On some occasions, the design and distribution of publicity materials for conferences was also undertaken by the network office.

Publications

The Primary Nursing Network was involved with two regular quarterly publications.

- A quarterly in-house newsletter, *Primary Nursing News*, which was mailed free of charge to network members and was intended to be a vehicle for informing the membership of current initiatives in primary nursing; to provide a forum for the exchange of ideas; and to publish accounts of the various approaches which network members had taken in the implementation of a primary nursing structure. Unsolicited contributions for the newsletter were always hard to come by and the only way of providing a regular newsletter was to commission feature articles.
- A quarterly supplement appearing in the *Nursing Times*, which continued throughout the life of the project. Contributions for this supplement were reviewed by the project worker. In addition, some articles were commissioned. Most of the uncommissioned articles were largely descriptive and often concerned implementation procedures. A more critical approach to the concept of primary nursing was encouraged from commissioned authors in order to raise the level of national debate.

The nature of the information which was collected by the Primary Nursing Network and the types of enquiries which were being made, led to the publication of a major text, *Primary Nursing: An introductory guide*.⁹ This was designed to assist network members in their pursuit of knowledge. Financial support for this venture was offered by the Foundation of Nursing Studies, which meant that the publication could be made available to network members free of charge.

DEVELOPMENT WORK

Development of the Steering Group

The participants felt that the away-day opportunity had consolidated their team image and purposes by focusing the Group in their efforts and giving a clearer direction to their work. It also offered them the chance to develop strong working relationships with each other.

Development of the project worker and project assistant

Both members of the project staff received formal recognition of the further-education courses that they had undertaken. Of the less formal educational opportunities, higher levels of presentation skills and better time management led to increased job satisfaction.

Development of the link members

The development of the link members was connected in part to the understanding of the actual role that they were undertaking. In the first year of the project, this was not clearly identified and link members verbalised the feeling of being unsure of what was expected of them and of the support systems available to them. The role of the link member was subsequently made more overt.

In the spring of 1991, the regional link members were requested to complete the following questionnaire concerning their link member role.

Question 1. How has your link member role contributed to your personal and professional development?

Question 2. Does your link member role help you to help practitioners? If so, how?

Question 3. Does your link member role help you to develop nursing practice? If so, how?

Question 4. Do you have any further comments on your link member role?

Question 5. What can you as a link member do to help the spread of primary nursing?

Question 6. What do you think the Primary Nursing Network could do to help practitioners implement primary nursing?

Of the 16 respondents to Question 1:

- Seven identified increased contacts with other nurses interested in primary nursing.
- Seven expressed that their link member role had increased their confidence in both their personal and professional lives.
- Five felt that they had acquired specific skills (e.g. presentation, teaching and organisational skills) through acting in their link member capacity.
- Four felt that their link member role gave them power and influence in their workplace on primary nursing issues. There was an identification of the kudos of being a KFC protégé.
- Four felt that their interest in nursing practice had been stimulated and encouraged through their role.
- Three felt that their self-image had taken a boost since undertaking their link member roles.

Many link members who completed the questionnaire were relatively new to the role and so commented on the fact that they did not feel able to assess what impact this role had made on them.

In answer to how link members felt their role had helped them to help practitioners (Question 2), the most frequent comments were that they helped by being a resource for information and encouraged the sharing of experiences.

In answer to whether link members felt that their role had a specific place in developing nursing practice (Question 3), the most frequent remarks centred on encouraging discussion and debate about nursing, and providing support for practitioners through encouraging them to share ideas.

Question 5, in which respondents were asked to consider what in their link member role they could do to spread primary nursing, brought an interesting number of diverse ideas. These included:

- providing continuing support
- encouraging debate
- involving educationalists and managers
- providing consultancy to wards
- acting as change agents

- establishing local databases and bulletins
- having full-time primary nursing link members.

In response to how link members thought that the Primary Nursing Network could help practitioners to implement primary nursing (Question 6), the following categories were noted:

- by educating managers
- by helping practitioners to audit their work
- by supporting the process of primary nursing implementation.

However, by far the greatest response to this question was that the Primary Nursing Network should continue to provide conferences and seminars. In addition, all the respondents requested teaching materials.

In overall development terms, it is interesting to note that many of the respondents identified that their link member role had increased their confidence in both their personal and professional lives. Some link members stated that, through their role, their interest in nursing practice had been stimulated and encouraged.

THE PROJECT EVALUATION

Purpose

The purpose of the evaluation was to see whether the original objectives of the Primary Nursing Network had been achieved. These included:

- To set up an information and enquiry network for groups and individuals interested in primary nursing throughout the UK.
- To establish and update a database of information on primary nursing initiatives throughout the UK.
- To set up and maintain a list of publications relating to primary nursing.
- To encourage local networking activities between members of the Primary Nursing Network.
- To introduce the idea of primary nursing to a wider audience by means of conferences, papers in the nursing press and accounts of developments in the field.

Evaluation design

Information which could be used to assess the project's effectiveness was collected on a regular basis throughout the life of the project and was obtained in a number of different ways, including:

- Sending regular questionnaires to link members.
- Carrying out a survey of the network members in November 1991.
- Requesting network members to update information concerning their units on a six-monthly basis.
- Scanning the nursing press for articles and information on primary nursing issues.
- Requesting link members to complete a personal profile on their perceptions of their role.
- Monitoring the enquiry service.
- Monitoring information exchange.
- Monitoring primary nursing activity occurring in the regions.

- Using Steering Group meetings to provide a forum for regular reviews of the Primary Nursing Network processes.
- Using link member meetings to provide a forum for review of the service that the network was offering to link members and ordinary network members.

Outcome measures

The outcome measures used in the evaluation fall into three distinct areas.

1. Outcome measures related to the predetermined goals of the project

The effectiveness of the Primary Nursing Network in fulfilling its predetermined aim of facilitating information exchange between network members was assessed both in quantitative and qualitative terms.

Quantitative outcome measurements

- The number of network members (see Figure 2, page 10).
- The number of enquiries dealt with by the Cardiff office (approximately 40 each month, see page 20).
- The number of network contacts the regional link members made (six away-days between January 1991 and February 1993 as well as informal contact, see pages 12–14).
- Reported networking activity among the network membership (see pages 20–21 and Appendices 2 and 4).
- The number of articles which appeared in the nursing press over the life of the project.
- The number of conferences arranged (16 between May 1990 and February 1993, see Appendix 1).

Qualitative outcome measurements

It is more difficult to demonstrate the qualitative aspects of information exchange. However, over the life of the project, requests for information from

both the Cardiff office and from the regional link members changed in their nature. Therefore the outcome measurements used were:

- The level of sophistication of the enquiries which were made (in relation to the enquirers' backgrounds, and their apparent understanding of primary nursing concepts).
- The willingness of enquirers to consider information from outside of their own clinical specialty.
- The reported amount and level of previous contact they had had with members of the Primary Nursing Network.

2. Outcome measures related to the structural design of the network

In considering the structural design of the network, the following outcome measures were used:

- Communication between the network members.
- The information which was made available to the Cardiff office from the network members.
- Evidence of equality of access for members to the central database and support systems.
- Evidence of equal participation of all link members.

3. Outcome measures related to the development processes used

The three processes previously identified in this report which were present in the life of the project were: facilitation, valuing and interdependence.

The outcome measures considered to determine the level of success which they had were:

- The number and nature of requests from network members and link members for help in arranging events.
- The part that network members took in running conferences and similar events.
- The level of trust and openness between network members and project staff.

- Evidence of networking between network members.
- Evidence of peer group support between link members.

ASSESSMENT

The number of network members grew steadily over the life of the project and all regions were represented. Some further expansion of the membership in East Anglia might have been anticipated. On average, about 40 enquiries a month were made to the Cardiff office. Unfortunately, these enquiries were not systematically logged, so that it is impossible to categorise them precisely or to estimate how effectively they were dealt with. Regional link members also dealt with enquiries. The number and nature of these is covered in Appendix 2. Again, since the information was provided by only half the link members, it is impossible to give an accurate picture of the activity. Those who did respond reported some 1,474 enquiries over an 18-month period.

Networking *between* members, as reported in the 1992 survey (see Appendix 4) seemed very low indeed. Regional link members felt that the replies of the members did not fully reflect the amount of networking that was actually going on. It would seem that the networking activity was mainly between the centre and members through the link members, rather than between member and member. Any idea of a self-sustaining network of members would therefore seem to be premature.

A total of 16 conferences (see Appendix 1) were organised during the life span of the project. *Primary Nursing News* was produced quarterly and a quarterly supplement on primary nursing appeared in the *Nursing Times*. Some difficulties were experienced in getting members to contribute to the newsletter, and contributions to the *Nursing Times* supplement were often descriptive and concerned with implementation procedures.

*Primary Nursing: An introductory guide*¹⁰ was prepared by the project leader and published with assistance from the Foundation of Nursing Studies, in April 1992, in an attempt to assist members of the network to develop a more critical awareness of primary nursing. A bibliography of over 800 articles was compiled for this publication which was distributed to all network members and has sold more than 2,500 copies to date.

CONCLUSIONS AND RECOMMENDATIONS

The Primary Nursing Network was established in response to requests from clinical nurses for assistance in spreading information and ideas about developments in nursing practice. As is so often the case, an initiative arising out of the perceived needs of practitioners themselves appears to have been widely welcomed and at the time it was established, it filled an important gap in disseminating information and expertise about this important initiative.

Interesting lessons have been gleaned from the experience of establishing and running the service. The increasing interest in the activities of the network reflects the growing acknowledgement of the value of primary nursing as a means of delivering patient care. The thirst for information on this subject has also been shown by the increasing number of both members and enquiries, and the positive reviews of the publication *Primary Nursing: An introductory guide*.¹¹

While there was considerable activity on the part of the link members, it is interesting to note that few contacts were made between network members, suggesting that this aspect of the work may need a more proactive approach in the future. Thus strategies are being developed actively to encourage nurses to use each other as resources and to share their experiences at a local and national level.

As time has moved on, many of the early members of the network have established primary nursing within their wards and departments and the nature of their interest and needs has altered. It would appear that the closeness of the nurse-patient relationship and the continuity of care which arise from using primary nursing have in themselves led practitioners to start questioning other aspects of their work, such as assessing quality, developing staff and the impact of nursing interventions on patient outcomes.

A decision was therefore made to extend the Primary Nursing Network to incorporate a broader range of information about clinical practice and hence the Nursing Developments Network was launched in the spring of 1993. Elements of information arising from the original database are still readily available for those practitioners who are only just starting along the path to

introducing primary nursing, but more extensive information about other practice initiatives is also being gathered which will allow developmental trends to be identified and shared.

The Primary Nursing Network served an important purpose at the time it was established and has acted as a sound foundation for future work. Now the time has come to develop these ideas further and expand the work to meet future needs through the Nursing Developments Network.

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- 5 Lipnack J, Stamps J. The first report and directory of networking. New York: Dolphin Books. Doubleday and Co, 1992.
- 6 Black F. Primary Nursing: An introductory guide. London: King's Fund Centre, 1992.
- 7 See 6.
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- 9 See 6.
- 10 See 6.
- 11 See 6.

APPENDIX 1

Conferences in which the Primary Nursing Network was involved

Carlisle Conference	3	May 1990
Southampton Conference	4	May 1990
Jersey Conference	20	June 1990
Harrogate Conference	30	June 1990
Nursing Times/Primary Nursing Network Ward Sisters' Conference, Glasgow	18–19	July 1990
Primary Nursing National Conference King's Fund Centre, London	6	September 1990
Scottish Network launch	23	February 1991
Northern Ireland Network launch	27	February 1991
Burford Nursing Development Unit Taking the Lid off Primary Nursing	27	April 1991
Nursing Times/Primary Nursing Network Wards Sisters' Conference, Cardiff	7–8	October 1991
Ireland Primary Nursing Conference, Dublin	19	October 1991
St Thomas Hospital, London Taking the Sting out of Primary Nursing	16	November 1991

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Northern Ireland Primary Nursing Network Conference	21	February 1992
Scottish Primary Nursing Network, Perth	28–29	February 1992
Sheffield Region Conference	5	January 1993
Paediatric Nurses National Conference Great Ormond Street, London.	23	February 1993

APPENDIX 2

Enquiries to link members

Regional link members were asked to complete regular activity profiles every three months as outlined below.

Please state the approximate number of enquires you have dealt with in your link member capacity over the period _____ to _____.

Did people require information about meeting/events?
If so how many?

Did enquirers want help with implementing primary nursing?

Did enquirers require assistance with specific issues relating to primary nursing (e.g. skill mix)?

Do you have any new wards/units in your region implementing primary nursing?

If so what clinical specialties are they?

Are any wards/units considering undertaking any evaluation of primary nursing?

If so can you give details?

Have you have any enquiries from your local nurse teaching department relating to primary nursing?

What activities are you planning for your regional primary nursing network?

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Analysis of the information received from link members

There was an average response rate of 50 per cent from the regional link members in returning this information.

In the period between January 1991, when the figures were first collected, and August 1992, a total of 1474 enquiries were reported by link members.

All types of enquiries were dealt with by the regional link members. If a conference was being planned in their area, there was a considerable number of contacts made concerning that event.

Link members continued to report that new wards were implementing primary nursing in their regions throughout the period of the data collection (January 1991–August 1992).

Link members were asked about enquiries or liaison with nurse education departments. Almost all reported some involvement from January 1991.

The level of activity of link members was judged by the number of enquiries that they reported they were dealing with, and the number of events which they were planning in their region. They were placed on a scale of 1–10 by the project worker. Some link members consistently scored higher on this scale than others when their activity profiles were examined. It should be made clear, however, that this was a fairly subjective judgement, and one that was made on information supplied by link members.

APPENDIX 3

Survey of the Primary Nursing Network Membership – Autumn 1992

A comprehensive questionnaire was mailed out to the network members. There was a 40 per cent (n=280) return rate.

Number practising primary nursing

- 32 per cent (n=90) claimed to be practising primary nursing.

Clinical specialties represented in those who reported that they were practising primary nursing

- Elderly care, including rehabilitation 41 per cent (n=37)
- Medicine 31 per cent (n=28)
- Surgery 16 per cent (n=14)
- Paediatrics 12 per cent (n=11).

Evaluation of nursing care

In response to the questions on evaluation the following information was obtained.

- The aspects that respondents were evaluating could be placed into the following categories: nurses, nursing and quality issues.

Nurses

Job satisfaction
Staff satisfaction
Sickness and absenteeism
Stress levels in nurses
Role changes
Multidisciplinary working relationships.

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Nursing

Nurse-patient relationships
Nursing work
Record keeping and care plans
Process of nursing
Continuity of care
Discharge procedures
Dependency
Skill mix
Wound prevention in primary nursing settings.

Quality issues

Standards of care
Patient satisfaction
Pain audit
Philosophy of care giving
Audit of learning environment.

Data collection

Due to a design fault in the questionnaire, it was not always possible to determine which data collection methods were being used for which information. However, 48 respondents identified their data collection methods.

Questionnaires

48 respondents used questionnaires, sometimes in combination with other methods of data collection.

Qualpacs

This method was used by six respondents.

Structured interviews

These were reported to be the means of data collection by four respondents. In addition to these more frequently mentioned methods, other respondents

mentioned such things as peer review, discussion, reflective diaries and nursing notes.

Changes in the ward sister's role

Of all the replies received, 50 were included when the information was later analysed. The criterion for inclusion was that the unit had reported that they had been practising primary nursing for over a year.

It was felt that units who had implemented primary nursing more recently than one year, were probably unable to answer the question, except in a fairly speculative way. A number of respondents said that they were still going through a settling-down period and felt that they could not really comment appropriately on the question asked.

Of the 50 units who thus provided data:

- 14 had implemented primary nursing 1–2 years ago
- 17 had implemented primary nursing 2–3 years ago
- 13 had implemented primary nursing 3–4 years ago
- 2 had implemented primary nursing 4–5 years ago
- 4 had implemented primary nursing 6 years ago.

Mention was made by the respondents of 15 different areas of the ward sister's role that they perceived had been changed by working in a primary nursing structure. These included:

- Clinical care
- Care decisions
- Management shift
- Evaluation
- Budget/stock control
- Enquiries from relatives/doctors
- Quality control
- Teaching
- Resource/advice
- Support
- Staff development
- Facilitator

- Long-term planning
- Consultant roles
- Co-ordinator roles.

These 15 areas can be further categorised into the clinical, managerial and educational aspects of the ward sister's role.

Clinical

- (a) Hands-on clinical care
- (b) Care decisions
- (c) Enquiries
- (d) Nurse consultant
- (e) Ward co-ordinator
- (f) Evaluation.

(a) Hands-on clinical care

In the clinical category, the most frequently mentioned aspect was hands-on clinical care. Approximately half the respondents mentioned that the amount of clinical care that the ward sister gave in a primary nursing structure had increased. The other respondents felt it had decreased since primary nursing had been implemented.

Comments ranged from 'more hands-on care' to 'I have devolved responsibility for client care down to individual nurses.'

(b) Care decisions

The ward sister's involvement in care decisions was noted to have decreased by 16 per cent of the respondents. 'Less input in making decisions on a day-to-day basis re patients'.

(c) Enquiries

Two respondents mentioned that the amount of enquiries from patients and medical staff had decreased since primary nursing had been implemented.

(d) Nurse consultant

Three respondents mentioned that they were now being used as a nurse consultant. Comments relating to the use of this term are as for the use of the word 'facilitator'. (See page 43.)

(e) Ward co-ordinator

Sixteen respondents mentioned that as the ward sister in a primary nursing setting, they had taken on a role of ward co-ordinator. While in some senses this may be considered as a managerial function, it is included in this section on clinical care since it concerns the immediate ward environment.

(f) Evaluation

Only one respondent mentioned that the ward sister had a role in the evaluation of care given. It may be that, since the respondents had been asked about the evaluation in an earlier part of the questionnaire, it was not considered here. However, it could also be a reflection of the actuality of ward-based work: quality issues are not on the tip of clinical staff's tongues.

Managerial

Included in this category were responses mentioning the following aspects of the ward sister's role:

- (a) management shift
- (b) staff development
- (c) budget/stock control
- (d) long-term ward planning/ nursing policy
- (e) quality control
- (f) support of staff.

(a) Management shift

24 per cent (n=12) respondents specifically mentioned that since the implementation of a primary nursing structure there had been a management shift.

'I am now a ward manager dealing with admission arrangements and the general administration of the ward area.'

'I am able to deal with other administrative problems on the ward without the patient being neglected, because the patient now has his/her own primary nurse.'

'Leads to easier ward management and stock control.'

'More concerned with the management of the ward as a whole, than with the management of patient care.'

(b) Staff development

Eight respondents felt that they were more involved with staff development.

(c) Budget/stock control

Nine respondents considered that they had more remit over issues such as stock control and the management of the budget.

(d) Long-term ward planning/nursing policy

Six respondents considered that they had an enhanced role in this area.

(e) Quality control

Four respondents considered that their role concerning quality control had increased. This seems a very small number of respondents since a much larger number mentioned evaluation initiatives. Perhaps it demonstrates a number of issues, not least that respondents perceive their role in a fairly fragmented way.

(f) Support

Six respondents mentioned that, since the introduction of a primary nursing system, the perceived role of the ward sister in giving support to staff had increased.

Educational

Included in this category were the roles of:

- (a) facilitator
- (b) resource/ adviser
- (c) teacher.

(a) Facilitator

26 per cent (n=13) of respondents used the word 'facilitator' when replying to the question of how the ward sister's role had changed since implementing a primary nursing structure. It should be mentioned at this point that no common definition of this term was given by any of the respondents. Besides, since it is a word that has recently entered into more common use in the nursing world, its actual meaning may not be held to be the same by all respondents. This should be kept in mind therefore when considering the following information gleaned from the survey. Of the 13 respondents who mentioned 'facilitation', all said that this was an aspect of their role which had increased since the introduction of primary nursing.

(b) Resource/adviser

Approximately 25 per cent of respondents considered that the ward sister was used as a resource or adviser in the primary nursing setting.

(c) Teacher

20 per cent (n=10) of respondents mentioned that their role as a teacher had changed in a primary nursing setting and that they were more involved in this aspect.

APPENDIX 4

Networking activity

Of the survey respondents, 54 per cent (n=150) replied to questions relating to networking activity. The following information was obtained.

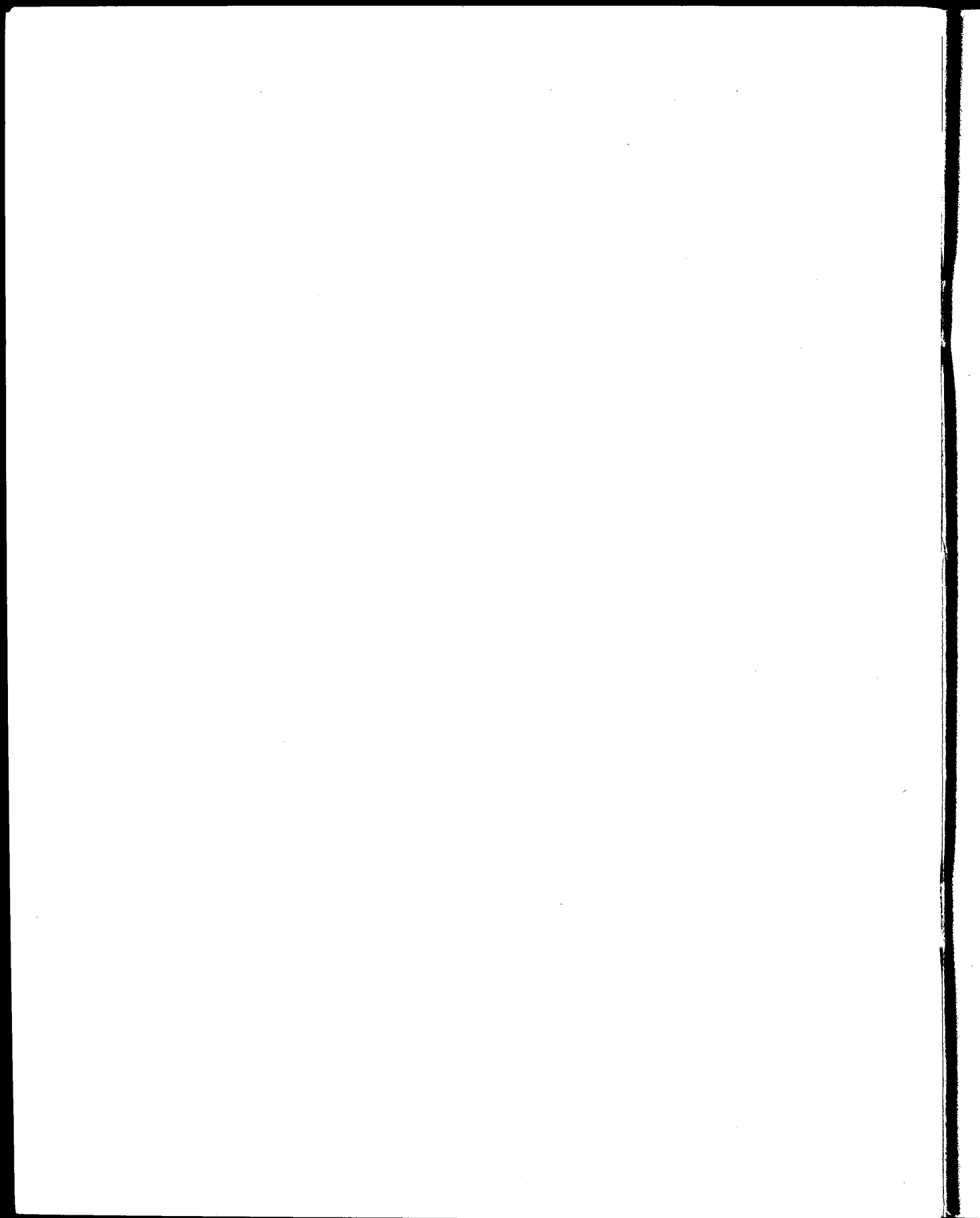
Contacts with regional link members

- 25 per cent had contacted their regional link member. Trent region recorded the highest number of contacts at six. Wessex, Yorkshire and Scotland recorded three incidents each. Of the remaining regions, all recorded at least one contact. There was a good spread of clinical specialties which recorded contacts.

Contacts with other link member

- 28 per cent had contacted other network members. The Wessex region recorded the higher number of contacts as six. Mersey, Oxford, York and Scotland each recorded five and Trent region three. Some regions did not record any activity in response to this question.
- 27 per cent had been contacted by other members. Half of these had only been contacted once or twice. Of the others, four had been contacted between four and six times.

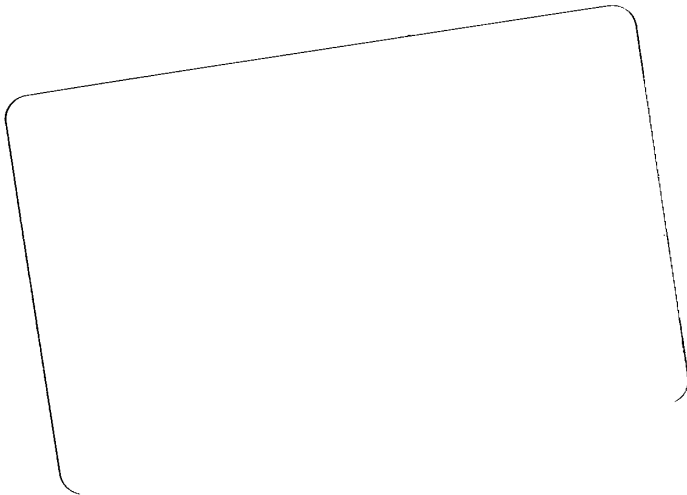
This reported level of networking activity seemed very low indeed. The findings were fed back to the regional link members in a meeting held in September 1992. They were most dismayed at the information and felt that networking was occurring at a much higher level than that which the survey respondents had reported. Certainly, the link members' reports of regional activity did not correspond with the survey findings.



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This report describes the purpose, development and outcomes of the Primary Nursing Network over a four-year period – from 1988, when the idea first emerged, to 1992, when the original remit was enlarged to incorporate other aspects of practice development and the Network became known as the Nursing Developments Network.

Information has been included about the structure, processes and evaluation of the Network and some conclusions have been drawn for future work.

From the information attained from this report, it is evident that there is a thirst for support among practitioners who are working towards the implementation of primary nursing. The subject remains high on the agenda of service providers and can be used as a landmark of good practice by both purchasers and providers. Insights can also be gained into the difficulty of stimulating networking among peers, since a tendency to seek information from the central office remained high throughout the life span of the project. This phenomenon is by no means unique to nursing and is now being addressed through a range of local and national initiatives.

This report will be of value to those who are interested in developing both local and national networks in the future, as well as to practitioners who wish to make best use of such services.

