EARLY PERCEPTIONS OF THE ROLE OF COMMUNITY MATRONS

This is a summary: the full paper can be accessed at nursingtimes.net

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ABSTRACT Armour, J. (2007) Early perceptions of the role of community matrons. Nursing Times; 103: 23, 32–33. This article describes a research project using a postal survey to explore views and perceptions on the role of community matrons. Only a year after its introduction, the perceptions of the role, key competencies and responsibilities identified by respondents were the same as those outlined in the Department of Health’s competency framework. Half of respondents perceived the role to have had a positive impact on patients living in Durham Dales.

The NHS Improvement Plan (Department of Health, 2004) set out priorities for the next four years that highlight the importance of providing better support for people with chronic diseases. The document also recognised the need to improve care for people with complex needs. A key part of meeting these needs was introducing high-quality and personalised case management through newly appointed clinical specialists, most commonly nurses, known as community matrons (DH, 2004).

Durham Dales PCT employed four community matrons as part of a long-term conditions team to seek out and manage patients with highly complex needs. The team also includes two social workers and a public and patient involvement facilitator.

EVALUATING THE NEW ROLE

In May 2006 the community matrons had been in post for 12 months. Assessing perceptions of the effect of this new role on other health professionals, services and care in the Durham Dales was seen as an essential part of developmental analysis.

Perceptions on the benefit of this role are still mixed (King’s Fund, 2005). Professionals within our PCT are no different – new roles are often viewed with trepidation.

Research suggests introducing new roles often causes lack of clarity over practice boundaries, varying perceptions and understanding of the new role, uncertainty over how it fits within existing teams, and staff feeling threatened. It is recognised, however, that implementing new roles is an evolutionary process and accepting organisational changes needs time.

AIMS AND OBJECTIVES

Evidence provided by the literature review did not result in a hypothesis being formed so this was an exploratory study. Identifying the perceptions and views of the role – and how it integrates with the multidisciplinary team and service provision in Durham Dales – sits well with an evaluation research design, as its purpose is to assess the effects and effectiveness of this new innovation and service from the health professional’s perspective. Data was collected using a questionnaire and adopting a quantitative approach.

METHOD

Durham Dales covers a large area. The quickest, easiest, most cost-effective and practical way to collect data from a wide variety of people was a postal survey (Cormack, 2004). Data was collected using a postal survey distributed to a heterogeneous population (multidisciplinary team members) using a non-probability sampling technique across the PCT.

RESULTS

From a sample group of 218, 119 completed questionnaires were returned, giving a response rate of 55%. Community nursing sisters had the highest response rate (75%), followed by GPs (59%) and practice managers (58%). The key findings were:

– Some 68% of respondents said they were clear about the role and 43% (many of them GPs and nursing sisters) felt their perception of it had not changed since its introduction. Some 83% of those whose perception had altered said that working with or alongside the community matron improved their understanding of the role, resulting in a much more positive view;

– To improve communication, and thus reduce role duplication – in particular with community nursing teams – those unclear about the role suggested increased regular attendance by the community matron at the practice and providing information to multidisciplinary teams about their role;

– Although around half (54%) of respondents felt the role complements their existing role, community nursing staff made up the majority of those who did not;

– Community nurses provided the highest

IMPLICATIONS FOR PRACTICE

– Working with or alongside community matrons can improve healthcare professionals’ understanding of the role and result in a much more positive view of the new post.

– Healthcare professionals believe a community matron should provide support and advice on long-term conditions to patients and families, improve quality of life and cut unplanned admissions.

– The evidence from this study on the new role is generally very positive, although there are limitations to the data.
number of responses suggesting the matron should be placed in the community nursing team, and GPs the highest for placement in the practice team, with disagreement over whether the matron should be placed in a separate long-term condition team (as is currently the case) or be hospital-based;  
- Key competencies required by the matron to be an effective practitioner were identified as a background in healthcare (100%), a nurse (88%), with community experience (82%), advanced clinical skills (84%) and recognised leadership qualities (76%);  
- Key aims and responsibilities of the role were giving support and advice to patients and families about long-term conditions (82%), improving quality of life (94%) and reducing unplanned admissions (91%);  
- Factors identified as the best measures of the impact of the role were reductions in unplanned admissions, enabling patients to stay in their own homes and communities, patients being better able to manage their disease, improved disease management;  
- Half of respondents (50%) disagreed with the statement that the role had not had an impact, with a marked difference identified between localities;  
- Almost a third of respondents provided additional comments, particularly those working in more rural localities who felt the service would be more cost-effective if district nurses received appropriate training and skills to carry out case management.

LIMITATIONS OF THE STUDY
With no similar studies to compare this project against, calculating a sample size that would provide the necessary statistical power was impossible. The totals for each group (locality and professional role) were small for a quantitative research study.  
This factor, as well as using an unvalidated questionnaire, reduced the reliability of the results, especially where a statistically significant difference was found. Despite this, certain trends were identified.

DISCUSSION
The community matron role
As the community matron role requires a totally new type of practitioner (Bird and Morris, 2006) and is still in its development phases, it was surprising to find that 86% of respondents said they were clear about the role. This was higher than anticipated as clarification of the role has only recently been released and, more importantly, community matrons themselves are only just starting to feel comfortable with the role.  
Most respondents (83%) suggested as the community matron role began to evolve and multidisciplinary team members gained more understanding and clarity about it, their perceptions of it became more positive. To ensure clarity over the level of skills and knowledge appropriate to the role, the NHS Modernisation Agency and Skills for Health (2005) provided a competency framework. Although not statistically significant, the findings support government literature recognising that advanced clinical nursing practice distinguishes the community matron role from that of other practitioners delivering case management.  
Recent articles have highlighted concerns over role overlap with other health professionals (Bird and Morris, 2006). Blurred boundaries and overlaps have been identified as a potential area of conflict if not managed well (Woodend, 2006).  
A statistical difference was found between professional roles in responding to the statement that the matron should be placed within the community nursing team (p=0.02); 65% of district nursing sisters agreed the matron should be part of that team compared with 14% of practice managers and 35% of GPs. In response to whether the matron should be placed within the practice team 69% of GPs either agreed or strongly agreed compared with 33% of practice managers and 17% of district nursing sisters.

Aims and responsibilities of the role
Identified key aims and responsibilities of the role were to improve quality of life (94%), reduce unplanned admissions (91%) and support and advise patients and their families about long-term conditions (82%).  
Some 38% of multidisciplinary team members felt they did not know whether the new role had had an impact on patients living with long-term conditions in the PCT. However, eight respondents explained that they thought it was too early to assess any impact as the role was still developing. A statistical significance was identified between the professional roles (p=0.008); the respondents who either agreed or strongly agreed with the statement were GPs, practice managers and nurse practitioners.

CONCLUSION
Overall, the survey suggests that, despite the role of community matron being in its early stages within Durham Dales PCT, the majority of respondents are familiar with it as recommended in the competency framework (DH, 2006). Their perceptions had not changed from when the role was initially introduced. In Durham Dales the evidence surrounding this new emerging role is, on the whole, very positive. After only a short time since its introduction, initial controversy seems to be subsiding as health professionals see its benefits.