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Process Evaluation on the Implementing of One Nurse Manager One Clinic Model with dual role of Management and Clinician at KWC FM&PHC, General Out-Patient Clinics

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Introduction

Since an implementation of Primary Care Development by Hospital Authority in 2010, being as nurse manager of a GOPC in the community, managerial role is heavy in daily operation as nurse management leader to collaborate with multi-disciplinary team members, as well as clinical nursing leader to guide and supervise nurses and subordinators in the clinic. There were two streams of nurse managers, one stream was mainly running nurse led clinical services as clinical nurse leaders and the other stream was responsible for clinic management. Both streams of nurse managers have to be responsible 2 to 3 clinics before 2012. One Nurse Manager One Clinic Model was launched since 3rd Jan 2012 in all clinics of FM&PHC, KWC. This reform was to cope with the demand of service development and enhance communication within each clinic. Each nurse manager carries out 50:50% for both clinical duty in chronic disease management and clinic management.

Objectives

One Nurse Manager One Clinic Model was launched since 3rd Jan 2012 in all clinics of FM&PHC, KWC. This reform was to cope with the demand of service development and enhance communication within each clinic. Each nurse manager carries out 50:50% for both clinical duty in chronic disease management and clinic management. The objective was to explore the effectiveness of the 'One Nurse Manager One clinic Model' in general outpatient clinics of FM & PHC, KWC. The feedback from nurse managers would be collected and compared with their peers to further fine-tune the Model if applicable.

Methodology

Qualitative in-depth discussion interviews were done about the role changes from 3 focus groups of Nurse Managers: management plus clinical; management; and clinical as according to their daily major function before the one-clinic-one nurse

manager model commenced in January 2012. The self-evaluating questionnaire at 10 point scale based on the results from target group interviews were designed for quantitative data collection from Nurse Managers and their nurse subordinates who have served in this department since December 2011.

Result

Majority of participants showed positive experiences on the role changes of nurse manager model. Most ratings were agreed between 1 to 5 in both nurse managers and their peers. Only item showed large difference -2.49, $P= 0.0009$ from nurse managers with peers on “experienced nurses are less active to handle ad hoc issues or complaints”. Other items with $p<0.05$ were concerning staff training, support from senior managers, job satisfaction, reasons of change, self-development and complaint made from nurse managers. These item gaps could be improved by enhanced team communication with what nurse managers perceived are understood by their peers. Findings reflected that ability of nurse managers should be comprehensive and diversify in dual role of clinical to equip primary care expertise training with management skill in order to deal with daily operation and development.