The Role of the Nurse in Designing and Implementing Healthcare Programmes: An Interview

[Student name]

[College/ Institution]

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1. Tell us about a healthcare program, within your practice. What are the costs and projected outcomes of this program?

 A Psychiatric-Mental Health Nurse Practitioner (PMHNP), I have been closely involved with community healthcare programs at my local community level. One of these is a depression support program specific to immigrant and minority community groups. It is essentially a community-based primary health care (CBPHC) initiative supported by the local churches. This program is based atvthe local community health centre and targets each and everyone of the community members who may be battling with depression for whatever reason. Most often this is due to a new environment and way of life, lack of an anticipated well-paying job, and frustration from unmet goals.

 The costs of this program are largely on the hiring of nursing staff, nurse practitioners (PMHNPs), and counsellors. The projected outcome of this program is the reduction in the cases of completed and attempted suicides in the minority immigrant community.

1. Who is your target population?

 The target population of this mental health program is the local immigrant population. This is the demographic that is not yet well represented in the health policies emanating from the legislature (Congress.gov, n.d.).

1. What is the role of the nurse in providing input for the design of this healthcare program? Can you provide examples?

 The nurse has an immense role in giving input for the design and implementation of this program. This is because first and foremost, the nurse is a patient advocate. She is the one who fights for the health rights and wellbeing of her patients (ANA, n.d.). As such, the nurse is well placed to know what exactly the patient needs in terms of health intervention. Any program design therefore has to incorporate the views of the nurse. According to Tummers and Bekkers (2014), the nurse is the person that deals directly with the patients and is thus in the best position to design care for them. The nurse is thus what has been referred to as a 'street-level bureaucrat' (Tummers & Bekkers, 2014). An example is this community mental health program outlined above. Having worked with my community for some time before the program proposal, I knew the most pressing mental health problem that was facing my community. I had been seeing and treating them each and every day of my practice. Therefore, when I was requested to provide input into the main area the program should focus on it was quite easy for me. Depression had been the silent killer eating away at my community. Treatment of the same had been haphazard since most of the patients could not afford the repeated sessions of especially psychotherapy.

1. What is your role as an advocate for your target population for this healthcare program? Do you have input into design decisions? How else do you impact design?

 My role as an advocate for the target population is to first and foremost sensitize the community that this program is available and is free of charge to all community members. It is also my role to make sure that treatment follow ip occurs by liaising with the community health worker. As a PMHNP I also have the role of actively managing and treating these community members who suffer from depression. Furthermore, I am also the best placed person to monitor program effectiveness because I also come from the same community. I consistently evaluate how the program is implemented, note any variance with expected outcomes, and suggest corrective measures. In consultation with the other team members, I also have the role of identifying and mitigating the barriers to program implementation; as well as identifying and amplifying the facilitators to program implementation (CDC, n.d.). I therefore have an important place in the role of generating input for the program. Lastly, the other way that I impact design is by lobbying policymakers at the legislative level (ANA, n.d.) so that state and federal policies can be aligned to program objectives. This I do with the full knowledge that the success of a health program depends on its design and how well it fits in with the community needs (Klein & Sorra, 1996).

1. What is the role of the nurse in healthcare program implementation? How does this role vary between design and implementation of healthcare programs? Can you provide examples?

 The role of the nurse in Healthcare program implementation is that of a mentor, facilitator, counsellor, and guardian. As stated above, the nurse is the person that meets on the ground with the patients on a daily basis. She thus knows exactly what ails the patients in a particular setting. For any program to succeed, therefore, the nurse must be allowed to play a central role in its design and implementation. The role of the nurse varies between design and implementation in that during design goals are set, but during implementation goals and strategies to achieve them have to be reviewed. For example, I actively participated in the design of this CBPHC mental health program. But now as it is being implemented, my role changes from the designer to the troubleshooter.

1. Who are the members of a healthcare team that you believe are most needed to implement a program? Can you explain why?

 The members of a healthcare team that are crucial to program success are literally everybody. There is no member who is less important that the others. For example, in my community depression mental health program the director, the PMHNP, the social worker, and the nurse assistant are all equal team members. This is in as far as the implementation of the program goals is concerned. To illustrate this, all meetings are normally held in a round table with everybody present and free to offer ideas and suggestions

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