Retaining the capacity to care

Marcia Smikle argues that nurses should focus on improving the patient experience, rather than on extending their roles

At a recent conference on the future of the NHS workforce, I heard a speaker use the term ‘physician extender’ (PE) to describe nurses who are licensed by doctors to provide quasi-autonomous health care.

It was not a term with which I was familiar, although the speaker told me that it has been accepted by many healthcare professionals, including nurses, around the world. I also later discovered that the introduction of the PE role could be a cost-effective way to reduce the workloads of doctors.

But is it wise to introduce such a role? Last year, there was a spate of newspaper reports about poor nursing care. One claimed that the standard of care in some wards ‘would shame a third world country’ (Devlin 2009), while another asserted that the ‘shocking cruelty’ experienced by NHS patients was such that there should be a ‘purge of nurses’ (Boggan 2009).

Given the bad press nurses have received, perhaps they should concentrate on improving the quality of the care they give rather than on trying to enhance their role.

When I became a nurse 30 years ago, my colleagues were seen as professionals in their own right and were proud to be known primarily as carers.

Now, as an NHS clinician and senior manager, I suspect that many nurses have rejected this role and seek instead the ‘status’ associated with other healthcare professionals.

The International Council of Nurses (ICN) defines nursing as encompassing ‘autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings’ and states that ‘nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people’ (ICN 2010).

Meanwhile, the RCN states that nursing is ‘the use of clinical judgement in the provision of care to enable people to improve, maintain, or recover their health, to cope with health problems and to achieve the best possible quality of life, whatever their disease or disability, until death’ (RCN 2003).

Patient observations

In both these definitions, caring is assumed to be central to nursing practice.

Undertaking ‘caring acts’ such as giving out bedpans, washing patients or emptying sputum pots enables nurses to learn more about patients’ conditions and their journeys to better health.

Patients may ask for bedpans, for example, because they have mobility problems, and nurses can learn about their nutrition by observing the contents of these. By washing patients, meanwhile, nurses can manage their skin effectively, and by checking the contents of patients’ sputum pots, they can tell whether the antibiotics they have taken are working.

Nurses are professionals in their own right, not extensions of, or substitutes for, medical colleagues.

The roles of doctors, nurses and other members of multidisciplinary caring teams complement each other, and patient experience is not enhanced if these roles are merged.

Of course, nurses should be well educated, questioning and assertive, but not so intent on gaining armfuls of degrees that they no longer have the time or inclination to care for patients.

Caring in nursing is described as ‘its most precious asset’ (Schantz 2007), so, instead of trying to turn nurses into PEs, let us ensure that they retain the capacity of nurses to care.

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References


