Securing the future of the NHS

DEVELOPING AND SUPPORTING STAFF NURSES

In the modern, rapidly changing NHS, human resources management requires more attention than ever before. Obrey Alexis reveals how the NHS can help nurses keep up with changes in their working environment to retain their capacity to be effective practitioners.

The career development and support of NHS nurses requires the commitment of managers and, more importantly, nurses themselves to help them become effective workers. Development and support, however, appear to have taken a low priority in the NHS, having been overshadowed by the modernisation agenda. But in this climate of change they should take greater priority in all hospitals in the UK. It is often assumed that development and support will automatically happen but this is not the case. NHS trusts must be proactive, not reactive, and should seek to develop and support nurses personally and professionally.

Different organisations have different types of working culture and each has a direct impact on the efficiency of the organisation (Dawson 1998). For its part the NHS does not foster a ‘person culture’, that is a culture intended to serve the interests and career development needs of its employees. Such a culture is paramount if staff are to be retained in the NHS.

The danger with this type of culture is that it subordinates the needs of the organisation to those of the employees. That is, arguably, unlikely to happen in the NHS.

Staff development

It is often assumed that a top-down approach should be taken for the development of staff. This is not necessarily the case. Nurses can share their experiences and learn from each other. There will be times when support and development are needed from the strategic apex and or middle line managers (Mintzberg 1990) but there will be other times when other colleagues can help. NHS trusts should seek to avoid:

- Managers who have an autocratic management style
- Managers who pay less attention to staff
- Poor staff management causing great personal upset and leading to reduced confidence in management.

These scenarios may have some impact on nurses, causing them to become frustrated and...
leading to a further dilution of human resources.

In the development and support of staff several elements need to be considered:

- Induction
- Clinical supervision
- Appraisal
- Practice development.

These elements have common objectives, ensuring that nurses have the correct skill and abilities and that their efforts are directed towards the needs of the hospital.

Induction

This process is important to new recruits. Senior nurse managers need to develop ward managers who will be able to deliver a programme that ensures new recruits feel an integral part of the organisation. It is important that programmes teach how the organisation works and make clear what is expected of nurses in their job.

Recruits should be able to gain an insight into the demands of the work as they will have supernumerary status for that period. The support and resources available to help them achieve their goals should be explained. Given the heavy burden surrounding their jobs in light of the NHS recruitment crises, they will need to know to whom and where they can turn for support.

To determine how successful the induction programme has been, managers should evaluate and review it. Information should be gathered from new recruits to help improve the programme.

New recruits will value the interest managers take in them and as a consequence will feel part of the team. The induction programme can also help them to develop interpersonal and interprofessional relationships in a culture in which collaborative teamwork is vital to meeting the needs of the patients.

Clinical supervision has been high on the nursing practice agenda in recent years (UKCC 1996). There is growing evidence to suggest that clinical supervision is well established in many areas of nursing practice (Bishop and Freshwater 2000, Butterworth 1994, Farrington 1993). The document New NHS, Modern and Dependable (DoH 1997) and supporting strategies described in A First Class Service (DoH 1998a) and Working Together (DoH 1998b) depend upon the ability of key players and identified clinical leaders who will be able to take forward the clinical supervision agenda.

The supervision of NHS staff has historically tended to lack structure. Buchan (1994) argues that because of the recruitment crises facing most hospitals, care is compromised and this has lead to nurses having to undertake extra workload to ensure that adequate care is delivered. Therefore, if human resources are to remain stable then supervision of staff nurses is inevitable. The benefits of this are:

- **Improved patient care through reflective practice.** This encourages nurses to reflect on their practice and as a result this has shown to have an influence on the delivery of care. It also encourages the nurse to give a high standard of individualised nursing care (Fowler 1996).
- **Dissemination of good practices.** Clinical supervision is invaluable to nurses as it encourages them to share good practices by discussing how practice has been improved through reflection.
- **Increased job satisfaction.** The fact that the nurse is being supervised is an indication of how valuable he or she is to the team, and indeed nursing. This can result in motivation and job satisfaction. There are, however, drawbacks to supervision, particularly the suspicion that managers use the process to spy on and manipulate nurses. The autocratic supervisor could stifle both the initiative and productivity of nurses, thus reducing them to the status of subservient followers.

Appraisal

Hospitals need a process for carrying out a thorough review of each nurse’s performance and the support that the organisation has provided.
This appraisal should not be seen as a method for identifying nurses' weaknesses but about identifying nurses' strengths and what the organisation can do further to enhance their development. The appraisal process should take place twice a year but frequency will depend on agreement between the manager and nurse. There may be times when there is a need for three-monthly appraisals, at other times they should take place annually. Sometimes managers set target dates with nurses but these are not followed through, as recorded in personal development plan.

Investing in nurses is crucial to the efficiency and effectiveness of the organisation and failure to do so would mean that managers are failing themselves in their role, the employee and the organisation.

Practice development

Buchan (1994) argues that standards in the NHS are slipping because there are not enough staff nurses effectively to carry out the job. In light of this, it has been suggested that practice development will be important to overcome this deficit. Practice development is about analysing and evaluating nurses' working environment by identifying the care environment and in so doing, will contribute to development of clinical skills and/or theoretical knowledge.

Practice development aims to support and develop nurses in any way necessary so that an efficient and effective workforce with high standards of individualised nursing care can be achieved.

Conclusion

In a rapidly changing NHS the development and support of nurses are paramount. This could take many forms: induction, supervision, appraisal and practice development. The NHS should not be complacent about nurses' development and support. In order to keep abreast of all the changes that are taking place, NHS trusts need a highly skilled workforce and this can only be achieved through effective development and support.

Obrey Alexis MSc, BSc(Hons), CertEd, RGN, FAETC is Lecturer Practitioner, John Radcliffe Hospital, Oxford.

References


