Providing support for qualified nurses

In this article, the authors examine workforce issues in nursing. From their discussion, they recommend that qualified nurses should sanction the further training of support workers to enable them to spend more time in direct patient care.

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TRENDS IN THE WORKFORCE
Qualified nurses appear to be on a downward spiral of poor staff morale, static wages and increased workloads. An RCN/Nursing Standard (1993) survey of UK nurses revealed that a hidden epidemic of nurse understaffing was seriously damaging NHS patient care. Of the 5,000 nurses who responded to the nurses' work questionnaire, two thirds said that overall staffing levels had been changed where they work, with qualified numbers being reduced. Furthermore, 60 per cent of the respondents said that these changes had lowered the quality of care.

Fewer nurses and frozen posts appear to be the inevitable outcome of the NHS reforms and restructuring which have taken place over the past decade. The UKCC's report Project 2000 (1986) had serious implications for the nursing workforce. This report recommended supernumerary status for all students, which in effect meant that one third of nursing's workforce would be removed (Day 1995).

The effect of trusts A further major influence on workforce trends has been the establishment of NHS trust hospitals. These trusts, as providers of care, are able to create their own management structure, determine their own staffing levels and set terms and conditions of employment. Managers in trust hospitals have responsibility for managing their resources and responding to the present and future needs of the hospital. They, therefore, become less involved with the day to day care of patients and more occupied with the control of budgets and cost effectiveness in today's competitive health market. The substitution of less expensive for more expensive resources, less qualified for more qualified staff, are among the options for achieving these managerial objectives (Gibbs et al 1991).

The nursing wage bill is acknowledged as the largest single cost element in the NHS (McKeown 1991). Qualified nurses' wages account for a large proportion of this expense. It is not surprising, therefore, that the employment of support workers is on the increase while qualified nursing vacancies are being frozen in the workplace (RCN/Nursing Standard 1993).

Extended roles Apart from the fact that there appear to be fewer qualified nurses employed in today's NHS, those who are employed seem to be taking on new roles (McKenna 1995). The 'New Deal' introduced in 1991 has seen a substantial reduction in junior doctors' hours (NHSMET 1991). This has had a direct effect on qualified nurses with a substantial increase in the number of extended role nursing tasks, that is tasks normally carried out by doctors. Further additional roles expected of today's qualified nurse include health promotion, mentor and preceptor to Project 2000 students. It can be argued, therefore, that what constituted nursing activity some years ago may no longer be the case.

Understaffing and shortages Data published by the RCN (1995) show that nursing shortages are worsening. In that report, RCN general secretary Christine Hancock stated: 'Employers in the NHS are dangerously complacent about nursing shortages. Unless the NHS stops taking nurses for granted, the gaps and shortages will reach crisis levels.'

Understaffing and poor standards represent two classic causes of low morale and burnout among nurses. Increased workloads and responsibility can only worsen the situation. It may be inevitable, therefore, that some of the more basic tasks undertaken by qualified nurses will have to be delegated to other healthcare workers. While it is important for nursing to be carried out by competent practitioners, highly trained nurses should not be undertaking work that does not demand their skills. Very often, valuable skilled nursing time is spent on activities that could easily and safely be undertaken by someone less skilled with a lower rate of pay. Ball et al (1989) supported this view and stated that a large amount of time is spent by trained nurses on work which could be undertaken by support staff.

Thus it can be seen that numerous influences...
have affected and changed the role of the qualified nurse over the past ten years or so. Students gaining supernumerary status, the changing demands of the health service, the need for cost-effective use of resources and the extended role of the nurse have mapped a new course for the nursing profession. Today’s qualified nurse cannot be expected to carry out every role effectively and efficiently if nursing numbers are being reduced.

Professional nurses must identify the parameters of their role by deciding which aspects of their work need to be carried out by qualified staff. Only then will they be able to identify those areas which can be safely delegated to others. This may lighten their workload and provide them with a job description more appropriate to the demands currently being placed on them.

SHARING THE WORKLOAD
The secretary of state for Wales in 1988 outlined plans to compensate for the loss of nurses from the workforce. Steps were taken to introduce the support worker who would be encouraged to take on more responsibility, with training provided within the NHS and assessment performed in the workplace. Newton (1996) asserted that employers have already become more active in ensuring better use of qualified staff, allowing healthcare assistants to take on certain areas of traditional nursing work.

However, it is vital that these support workers are trained adequately to carry out this work. Qualified nurses will still be responsible for the appropriate delegation and supervision of their work and consequently need to be confident that support workers are trained suitably to carry out this work. Storey (1991) identified a role for the professional nurse in assessing healthcare assistants’ competence, ensuring the opportunity to monitor and control the quality of care being delivered by all members of the care team.

Training for support workers In the past, large numbers of untrained nursing auxiliaries have been employed by the NHS. Rowden (1992) stated that some of the tasks routinely delegated to nursing auxiliaries include taking blood pressure, pulse and temperature readings, performing last offices, giving suppositories and even applying dressings. Tasks such as these have been carried out with little knowledge or supervision because the sheer volume of qualified nurses’ work makes it impossible for them to carry out every nursing task. Why then are qualified nurses opposed to a recognised training method for these support workers?

There is the argument that by enabling unqualified staff to gain qualifications, it becomes more acceptable to use them as replacements for professionally qualified staff. Mangon (1995) argued that this belief shows understandable professional protectionism, mixed with self-doubt among many nurses about the true value of their own professional education and skills.

Nurses have fought long and hard to become a profession whereby they make exclusive claim to perform a particular kind of work, control training and access to it and retain the right to determine and evaluate the way the work is performed. Gibbs et al (1991) argued that the presence of untrained or unqualified staff inhibits the achievement of those objectives. But it should be possible for nurses to retain their professional status even though they are delegating certain elements of nursing care to support workers.

The role of the support worker The RCN (1991) has recognised the role of the support worker within the professional nursing team: In order to ensure a high quality and a cost-effective nursing service, it is essential that nurses use their skills and time appropriately in the areas for which they are uniquely qualified. This means that other care workers need to be employed to support and complement professional nursing practice.

Nursing assistants have provided support to qualified nurses for decades and more than 10,000 of these care workers are employed within the NHS (Audit Commission 1991). As stated previously, their numbers are increasing and at the same time, the number of qualified nurses is decreasing. Under the circumstances, it appears inevitable that some nursing tasks will have to be delegated to support workers. It is important, therefore, that measures are taken to encourage a proper training structure linked to National Vocational Qualifications (NVQ).

The Care Sector Consortium (1990) identified standards and a qualification framework for healthcare assistants to ensure they possess the knowledge, skills and understanding to deliver health care to an acceptable standard. Davies (1996) argued that these guidelines are particularly helpful in pinpointing areas that need to be developed, including effective recruitment procedures.

NATIONAL VOCATIONAL QUALIFICATIONS
The National Vocational Qualifications for Care (City and Guilds 1995) asserted that there are benefits for both staff and employers. Qualifications are recognised nationally and based on practical skills in the workplace, increasing staff motivation and improving the trust hospital’s image and profitability. Furthermore, qualified nurses would have the satisfaction of knowing that the tasks being delegated to others were being carried out by workers who had been trained in that area.

To date, the nursing profession’s response to NVQ training for healthcare support workers has been, at best, equivocal. Dickson and Cole (1987) suggested that the profession has distanced itself
from them and their training in order to create a clear separation between nurses and assistants. However, it can be argued, that this distance will still exist if nurses are able to clarify their role by identifying those nursing tasks that require a professional qualification and subsequently allow less qualified or unqualified people to undertake other more basic tasks.

Nurses need the support of suitably trained care workers to assist them in carrying out total quality patient care. The political issues related to NVQs should not stop nurses from realising the opportunities they offer. NVQ training for support workers appears at present to be the only solution to the problem of qualified nurse shortages. Making the best use of available human resources appears to be the only way forward. Not only will it contribute to improved patient care but all grades of staff will have the opportunity to achieve their maximum potential.

Health service employers in England and Wales have already shown widespread support for the NVQ concept, indicating that the benefits do outweigh the costs (Beaumont 1996). Nevertheless, many ward and community nurses have expressed concerns over the content of the NVQ programmes. Some have complained about the overcomplicated paperwork and others see a lack of nursing input to the training and preparation of support workers with NVQs (Rowden 1992).

CONCLUSION
The nursing profession needs to become more involved with NVQ training for support workers. Qualified nurses can provide the encouragement and support necessary to enable their assistants to acquire the knowledge and skills required to carry out competently the tasks being delegated. More commitment to their training may lead to a better understanding of the documentation related to it.

Some nurses might argue that this would be a source of extra pressure on the already overworked staff nurse, but there are few alternatives. If current trends continue there will be a severe shortage of qualified nurses. Scott (1996) argued that the full effect will not be felt until the millennium when retirements will compound the problem. By helping others now, it is likely that nurses will be helping themselves for the future.

If this is to be the solution to the problems caused by current trends in the workforce, it appears that practical solutions need to be sought to clarify job roles and accountability. The publication of a review of nursing skill mix (DHSS 1986) reflected increasing interest by managers and policy makers in the potential for providing services through different combinations of nursing skills. Ten years later, it still represents a source of contention between the nursing profession and the employing authority even though qualified nurses appear to be stretched to their limit. Nurses need support today more than ever before, employers need to provide cost effective services and support workers need to feel valued. Establishing quality benchmarks for all grades of workers may provide the incentive and motivation for good practice within the framework of total quality management.

REFERENCES