Attempts to consolidate three specialist community nursing roles into one generalist post have prompted fierce opposition. Carol Gray explains why

THREE INTO ONE DON’T GO

Community nursing teams throughout the UK are led by nurses with a post-registration community nursing qualification in one of three specialities – district nursing, health visiting or school nursing.

District nursing teams provide home nursing care for adults, while health visitors and school nurses – using the umbrella term public health nurses – work with families and safeguard children.

A 2006 review of community nursing in Scotland revealed that, in line with international trends, there was a general move towards increasingly specialist roles. Yet patients and clients reported that they preferred to see one nurse rather than several, as was becoming increasingly common.

The government therefore proposed a radical new community health nurse model, in which the traditional specialist district and public health nursing roles would be absorbed into one generalist community nursing role. In 2007, the new role was piloted in four out of the 15 health boards in Scotland.

Gauging reactions

In 2009, with my colleagues Rhona Hogg and Catriona Kennedy, I researched how community nurses perceived this proposed change to their role. A total of 27 community nurses, including health visitors, district nurses and school nurses, and three community nursing managers from one affected urban health board area, were involved in focus groups to find out what they thought.

It emerged that the changes were seen as highly controversial and a recipe for conflict between existing community roles. In contrast to the proposed policy, nurses believed that their specialist roles resulted in better patient outcomes because they could target care more accurately and according to need.

These nurses felt that remote areas of Scotland would benefit from a generalist nurse role, but in urban areas the specialist model was more practical and beneficial.

They were also concerned about their lack of experience in less familiar areas of nursing, such as child protection or palliative care for example.

Many of the nurses felt that the proposals contradicted their reasons for wanting to be a nurse in the first place.

Managers foresaw a need to be more creative in responding to future workforce demands, going beyond role changes to more transformative changes such as better use of technology.

During the course of the study, the local health board decided not to proceed with the government’s new model. The nurses felt this vindicated their argument that the proposed roles were unsuitable for modern, urban working.

Consultation

Our study shows how important it is to consult practitioners on proposals for role change, and that managers and policy makers must work with the expertise and career aspirations of the current workforce if they want to introduce workforce change.

A team led by Edinburgh Napier University is evaluating the implementation of the new role in the three remaining board areas in Scotland NS

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RESOURCES

Further information about the study http://tinyurl.com/gray-abstract
Queen’s Nursing Institute Scotland www.qnis.org.uk
NHS Scotland baseline study of community nursing http://tinyurl.com/Scotland-comm-nursing-review